AuthentiCare®
Louisiana

DEPARTMENT OF HEALTH AND HOSPITALS

User Manual

Prepared by: First Data

Version 1.0

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Chapter 1 Introduction

The Louisiana Department of Health and Hospitals (DHH) utilizes AuthentiCare Louisiana DHH for eleven (11) OAAS specific services provided to participants assessed as eligible to receive one or more of the services provided through Louisiana DHH providers.

Providers of selected services (procedures) are required to use AuthentiCare to capture and bill for services provided to Louisiana DHH participants who are known in AuthentiCare as "clients." (See Appendix A.1 for the list of included services.)

AuthentiCare is a web-based electronic scheduling, tracking, reporting and billing system that:

- Automatically captures and invoices accurate services provided to clients;
- Provides the ability to automate scheduling, time and attendance, billing and reporting functions;
- Assists in identifying and responding to unmet client needs (missed and late visits) and
- Provides Louisiana DHH data to assist in making policy decisions regarding the delivery of services.

1.1 Common Terminology/Acronyms

Users must be familiar with the terms and acronyms used in AuthentiCare in order to take full advantage of the functionality and follow the instructions in this User Manual. These include:

Term/Acronym	Meaning/Use
837P	The 837 Professional (P) is the electronic billing file of confirmed claims that AuthentiCare submits each weekday morning on behalf of each provider. Providers will be reimbursed for services rendered on their current payment schedule.
Authorization	Record submitted to AuthentiCare that identifies the provider(s) and service(s) authorized for a particular participant. A specific date range and number of authorized units are also defined.
Claim	Each episode of service captured in AuthentiCare is known as a claim. Each will have a unique AuthentiCare claim number. Claims may be entered into AuthentiCare by the IVR, Web or mobile device.
Client	The Louisiana DHH participant is known as client throughout this manual and is the person receiving Louisiana DHH services.

Term/Acronym	Meaning/Use
Client Support Services	Client Support Services is the First Data help desk established to assist AuthentiCare users. Contact information for them is located in Chapter 14 of this User Manual.
Event	For those providers who use the Scheduling functionality in AuthentiCare, an event is a visit scheduled in advance for service to a client.
First Data	The company that operates AuthentiCare Louisiana DHH.
IVR	The Interactive Voice Response system used by AuthentiCare contains pre-recorded information for worker interaction via touch tone phone when calling a designated toll-free number. For more information, see Chapter 10 of this User Manual.
Late and Missed Visit Alerts	For events that are scheduled in AuthentiCare, if the assigned worker does not check in within a specified threshold, the associated provider and support coordinators can receive late (and missed) email alerts letting them know of this situation.
Missed Visit Reason Codes	A dropdown list of reasons to be selected by the provider when an AuthentiCare visit is marked as late or missed.
Mobile Device	A GPS enabled mobile device (smartphone) can be used to record services provided for a client. For more information, see Chapter 11 of this User Manual.
Provider	"Provider" designates the provider agency that is authorized to deliver services for a client. Each provider has a provider ID number established by the AuthentiCare system to uniquely identify a provider office.
Service	The procedure provided for the client through AuthentiCare Louisiana DHH is known as the service. For a list of the services for which the provider is required to use AuthentiCare, see Appendix A.1 of this User Manual.
Staff	People with access to information in AuthentiCare are Louisiana DHH personnel/State Administrators who oversee the services applicable to AuthentiCare.

Term/Acronym	Meaning/Use
Sub-Role	The AuthentiCare initial Administrator User at each provider location will create additional users and assign them a sub-role which defines what information they can access and what actions they can perform on the AuthentiCare website. The sub-role each one is assigned allows him/her to do designated system functions while assuring that all data is maintained in a private and secure manner. For the Administrator role and each sub-role description, see Appendix A.4 of this User Manual.
Voice Biometrics	For the process to assure the correct worker is providing service to the correct client, the worker will enroll a voice print during the worker's initial call to the AuthentiCare IVR. On subsequent calls, the worker will be prompted to speak the voice print again in an attempt to match the worker's identity, and to validate service in the client's home.
Worker	The worker is the employee of the provider, or the client (for self-directed), who actually provides the service to the client. This entity may also be known as PA, PCA, or attendant. Each worker is assigned a unique 6-digit Worker ID number for each provider to use when recording services via the IVR, Web or mobile device.

1.2 Overview of AuthentiCare

The core of AuthentiCare is a database containing information on the clients, services, authorizations, providers and workers. This information is updated each day via import provided by Louisiana DHH's Medicaid fiscal agent, Molina and Medicaid Data Contractor, SRI. The basic use of the AuthentiCare requires these steps:

- The worker goes to the home of the client to provide a service.
- The worker uses the client's touch-tone phone to call the toll-free AuthentiCare number or uses a GPS enabled mobile device.
- Using caller ID or GPS technology, AuthentiCare identifies the client, and prompts the worker to enter his/her voice print and Worker ID number, as well as to select the service to be provided.
- The system verifies the information and advises the worker that he/she is "checked in" as of the time the contact was initiated.
- When the worker completes the service, the worker calls the same toll-free number or uses the GPS enabled mobile device to "check out". The worker is advised that he/she is "checked out" as of the time ending the contact.
- From that telephone/mobile device interaction, AuthentiCare creates a claim. After the provider reviews and approves (confirms) it, the claim is submitted electronically for adjudication.

- Claims are submitted for processing in the early morning of each week day.

In situations where the IVR system cannot be used (example: the phone is out of order) and the worker does not have a mobile device, or in situations where the worker makes an error (example: forgets to check out), the worker notifies his/her supervisor and provides the missing information about the visit. The provider enters the visit information into AuthentiCare via the Web, thus creating a claim for the service provided.

1.3 Organization of the Data

The data in AuthentiCare is organized under four main areas:

- **Entities** - includes people or agencies that are involved in providing care as well as individuals receiving care. In AuthentiCare, the Entities are: Providers, Workers and Clients.

- **Services** – those procedures defined by Louisiana DHH for reporting through AuthentiCare are listed in Appendix A.1.

- **Authorizations** - specify the types and amount (units) of service that providers are pre-authorized to provide to the clients.

- **Claims** – signify each occasion a service was provided to a client by a worker. (Also known as a visit, this does not always equate to a claim submitted. Under certain pre-defined circumstances several visits may be combined to create one claim for billing purposes.) Each claim created in AuthentiCare has a unique claim number.

1.4 AuthentiCare Users

The user of AuthentiCare is assigned one of several different roles. This User Manual is designed to provide each user, regardless of role, with the ability to maximize use of the system on a daily basis.

The client is the heart of any in-home and facility-care system, but the one with agency-directed services does not interact directly with AuthentiCare Louisiana DHH. Those who do have active roles in AuthentiCare are:

- The **Worker** who calls the IVR or uses a GPS mobile device to check in upon arrival at a client's home and again to check out after completing services.
- The **Provider Staff** who use the secure website to:
    - Manage worker information
    - Schedule workers' visits to clients' homes for clients designated as "High Need."
    - Add claims for services where the use of the IVR or mobile device was not feasible

  - Modify a claim that was incorrectly entered by the worker using the IVR or mobile device. Review and confirm claims for billing prior to their submission for payment
  - Acknowledge and provide an explanation of missed visits
  - View reports of real-time information to assist in record keeping and management

- **Louisiana DHH personnel/State Administrators** use the secure website to monitor services being provided to clients.
- The Support Coordinator **(Case Manager)** uses the secure website to monitor the care being provided to clients in his/her caseload.

AuthentiCare helps to reduce paperwork and gives the user tools to assist in managing staff resources and service delivery through access to real-time information via Internet Explorer (preferred browser) at any time.

1.5 Security

AuthentiCare maintains extensive security protocols to protect the information available via the website while at the same time making it readily available to authorized users. There are two levels of security controlling access to the data:

The first level of security is dependent on **the role** that the user has in the system. The roles in AuthentiCare are Provider Administrator User, State Administrator User and Support Coordinator (Case Manager).

✍	*Each Provider can designate sub-roles within their agency. Each sub-role has the ability to perform specific functions within the system. See Appendix A.4 for a description of the sub-roles.*

The second level of security is referred to as **data scoping**. Data scoping restricts what information the user has access to within the role assigned.

A Provider user has the access only to information associated with the agency. A provider is not able to view the data of other providers for confidentiality reasons.

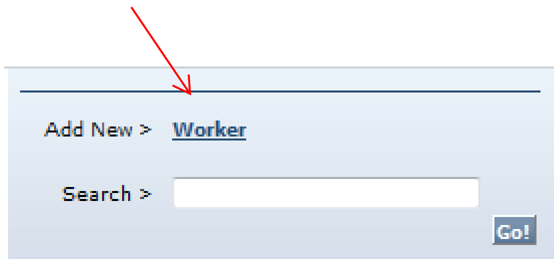
The Case Manager has access to information specific to the clients in his/her case load. Information provided to AuthentiCare by daily file transfer from the Medicaid Data Contractor, SRI, establishes the linkage between the case manager and the client, assuring that the case manager can view information on his/her assigned clients.

The State Administrative user can view all data in the AuthentiCare Louisiana DHH system.

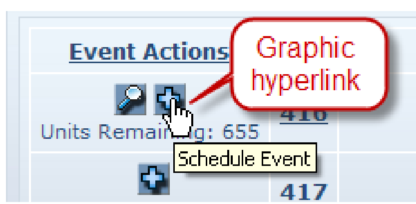
1.6 Using This Web Application

The AuthentiCare Web component is accessible from any computer that has a connection to the Internet. Examples of unique functions:

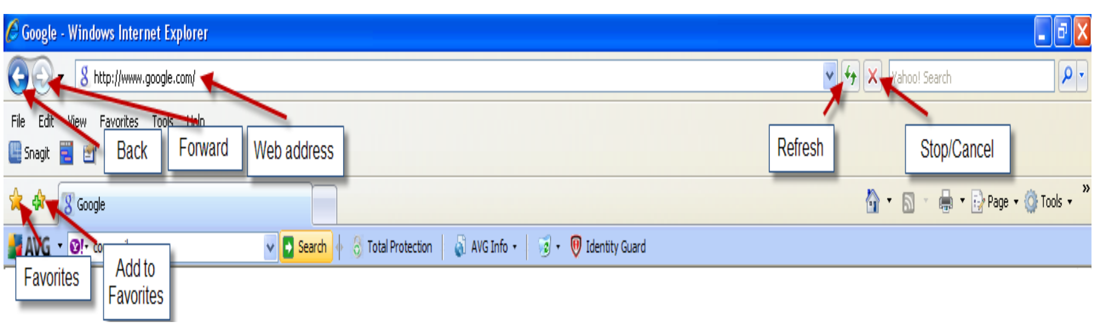
Hyperlinks - a hyperlink, or link, is a connection from your current location in the application to another page in the application or another website or Web application. When the mouse is placed on a hyperlink, the text may change, and the cursor changes from an arrow to a hand. Hyperlinks only require a single click. Below is an example of a text hyperlink in AuthentiCare.



Pictures, graphics, or icons can also be used as hyperlinks. If the cursor arrow changes to a hand, then there is a link. In the example below, the graphic does not change in appearance but a pop up box indicates what the hyperlink does and the arrow changed to a hand.

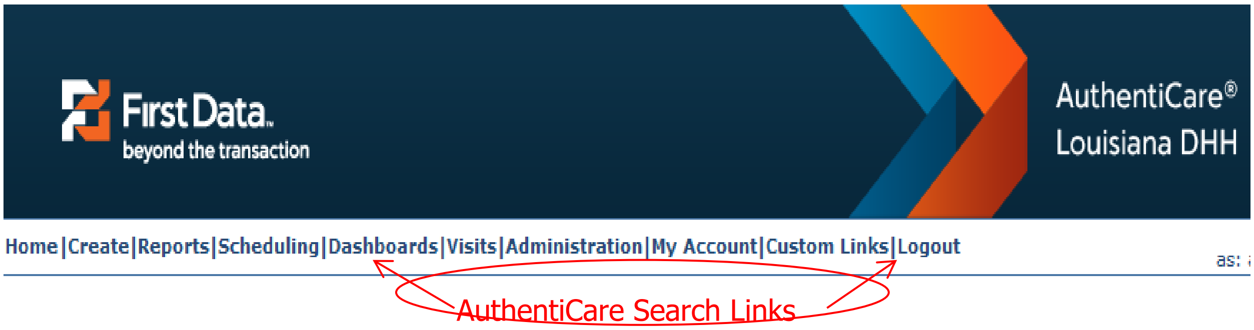


Web applications use a Web browser. The Web browser has the ability to maintain the Web addresses of your "favorite" websites, to add an address to your favorites, to enter a Web address (also known as a URL), to go back to the previous page, to go forward to the next Web page assuming you have viewed it previously, to reload or refresh the current page, and to cancel the loading of the current page.

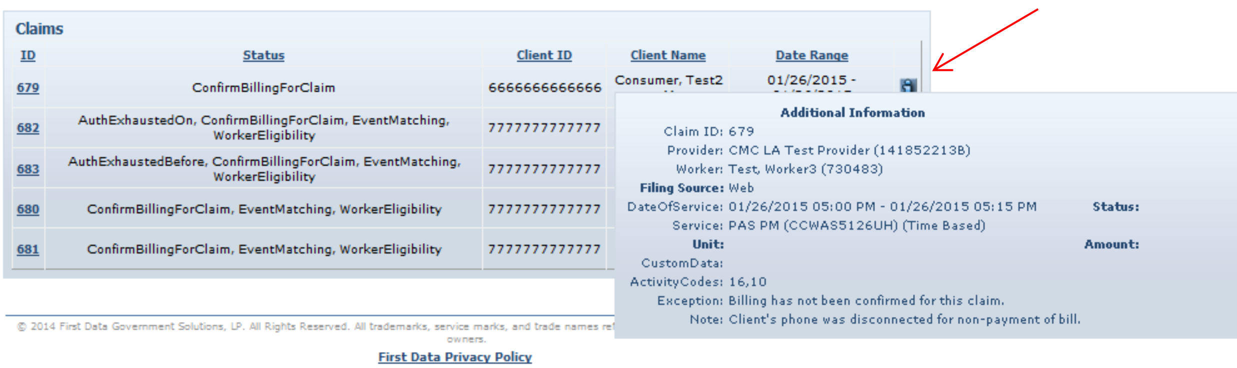


Web applications can use breadcrumbs to assist in navigation. As the name suggests, this provides you with a history of the Web pages you used in getting to your current

page in the event that you wish to return to any of the previous Web pages. The Web pages identified in the breadcrumb are hyperlinks, and by clicking on them, you will be returned to that Web page.



Hover Text - additional information is displayed when the mouse cursor is placed over the hover link. This functionality is utilized in AuthentiCare to provide additional information rather than having to navigate to another page in the application to get the same information.



There are also several icons unique to AuthentiCare that you will see on the Web pages. These include:

Schedule Event icon - used on the *Authorizations* page to schedule an event for the authorization

Looking Glass icon - provides the ability to look up values for fields linked to other existing data in the system

Information icon - provides the ability to display more detailed data when you place the mouse over the icon (hover text)

Entity icon - provides a link to view the associated data for the value displaying in a certain field

Exceptions icon - provides an ability to view the exceptions on a claim

Run Report icon - provides the ability to run a report from a previously created report template

1.7 USING THIS MANUAL

This manual is designed to provide the information you need to use AuthentiCare. Each section within a chapter provides step-by-step instructions. Each section may also have one of the following boxes:

	Notes – The information provided in these boxes is intended to assist and further explain the material. It may include an important tip or hint to using the system.

	Important – The information provided in these boxes highlights specific rules that are critical to the proper functioning of the system.

	Caution – The information provided in these boxes highlights actions that if taken in the system may have an adverse effect.

The information provided in all of these boxes is essential when using the system and should not be ignored.

CHAPTER 2 GETTING STARTED

This chapter is designed to help you begin using AuthentiCare by walking through the provider registration process, adding new users, logging in, logging out, and changing your password. The AuthentiCare website is www.AuthentiCare.com/LADHH. The use of an Internet Explorer Web browser is preferable.

2.1 ESTABLISHING A USER ACCOUNT

To log into AuthentiCare, you must have a user account which consists of a username (email address) and a password. There are several ways that a user may obtain a username and password.

For all **providers**, an initial user account for an Administrator user is created by First Data and provided to a manager. Proceed to Section 2.2 for instructions on logging into AuthentiCare. After logging in, the Administrator user can create user accounts for other users for that provider (refer to Section 2.1.2 for further instructions).

For all **state administrators**, user accounts are created by First Data when authorized by the Louisiana DHH. The registration process is not required. First Data will provide the username (email address) and password so that state administrators are able to log into and use AuthentiCare. Proceed to Section 2.2 for instructions on logging into AuthentiCare.

For all **case managers**, each case manager must complete the registration process to establish his/her user account in AuthentiCare. First Data will provide to the Case Management provider branch manager a list of case manager IDs and PINs for distribution to the individual case managers. Refer to Section 2.1.1 for further instructions.

2.1.1 REGISTRATION (FOR CASE MANAGERS ONLY)

The Case Manager role in AuthentiCare has the following options:

- Case Managers can search, view and run reports on any client in their caseload, no matter who (provider branch or individual) is providing services for the client.
- Case Managers cannot do any data entry in AuthentiCare.

Case managers must register on the first visit to the website. Registration creates a user account which consists of an email address that serves as a user name and a password.

The following information is needed to register:

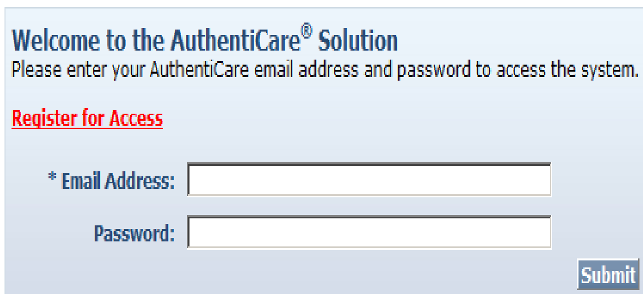
- The case manager's ID (6 digits).
- The 5 digit PIN auto generated by AuthentiCare for that case manager.

	After the implementation of AuthentiCare, new case managers can only be enrolled by file transfer from Louisiana DHH. Their enrollment will automatically generate a PIN. *First Data will send the PIN to the Case Management Provider so the case managers can self-register.*

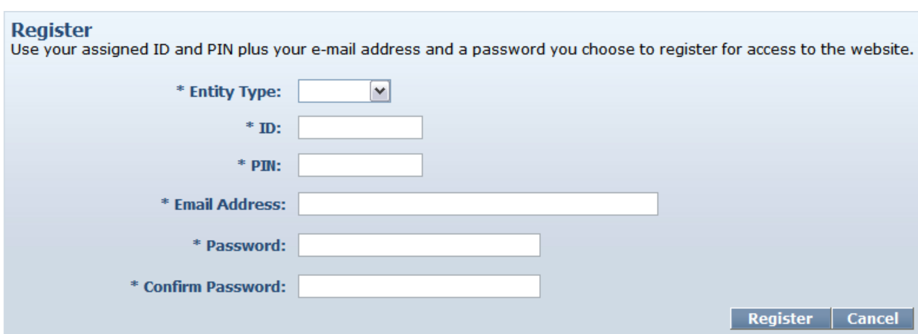
1. Navigate to the AuthentiCare Louisiana DHH website at https://www.authenticare.com/LADHH .

   The Welcome page displays. Case managers register for access from the Welcome page.

2. Click **Register for Access.**



   The *Register* page displays.



3. Select "Case Manager" from the drop-down menu for **Entity Type**.
4. Enter your Case Manager ID for **ID**.
5. Enter the 5 digit **PIN** provided to you.
6. Enter an **Email Address**.

	*This email address serves as a user name and is not used to contact the case manager. It does not have to be a valid email address, but it must be in the **format** of an email address.* *For example, a case manager with an agency called "A Provider, Inc." may wish to type in the User Name: kbaprovider@inc.com.*

7. Enter a **Password**.

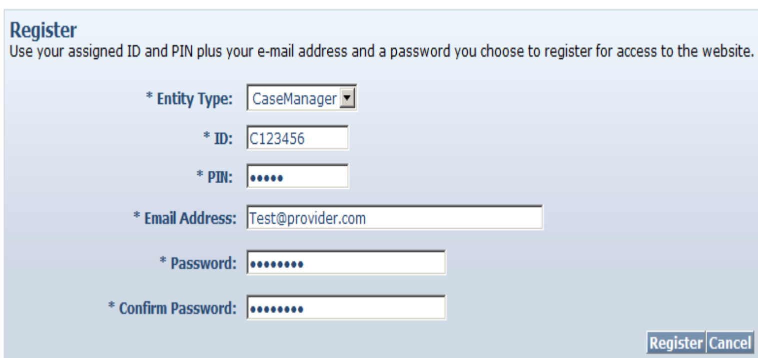
The Password must be 6 or more characters and at least 1 special character or number.

When choosing a password, avoid common words or dates (such as a child's name, a birth date or an anniversary). Strong passwords use a combination of numbers, letters and symbols. For instance, instead of using the dog's name, Rover, as a password, choose "r0v3R!". In this example a zero is substituted for an "o" and the number three is substituted for the letter "e". An exclamation point is added at the end. This combination creates a strong password that is easy to remember.

8. Re-enter the password in **Confirm Password**.

This password is used in the future along with the email address to access the website so it is important to write them down and store them in a secure place.

The completed Register page displays.



9. Click **Register**.

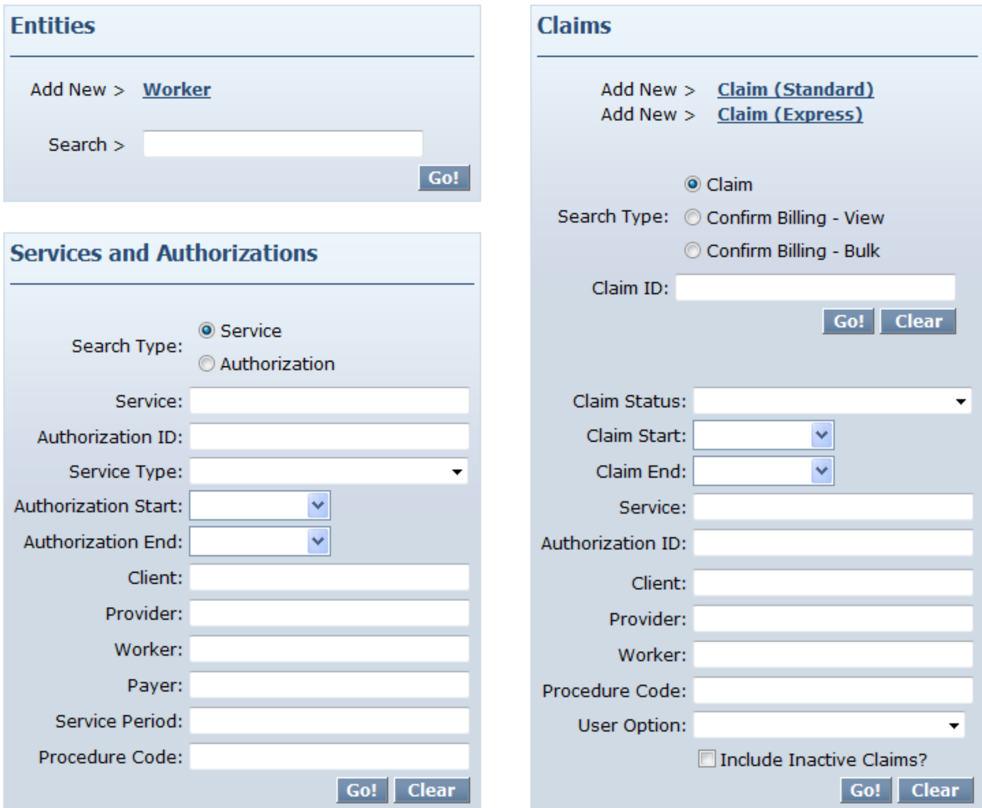
The Home page displays upon successful registration.

2.1.2 Adding New Users

AuthentiCare allows providers with the Administrator role to create additional user accounts, referred to as sub-roles, including another user with the Administrator role.

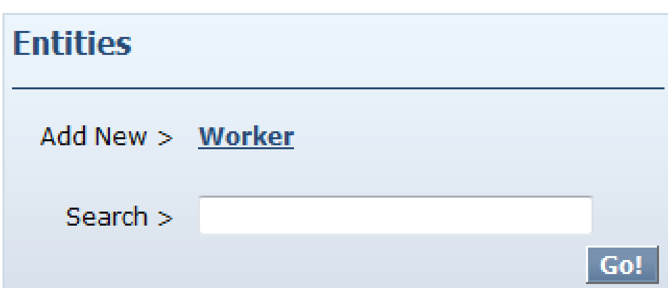
	***Important** – A State Administrator User cannot add another user. To add a new State Administrator User, contact AuthentiCare.Support@firstdata.com .*

Upon successful completion of logging into AuthentiCare, the *Home* page displays.



Enter the name of your provider or some portion of the name in the Entities

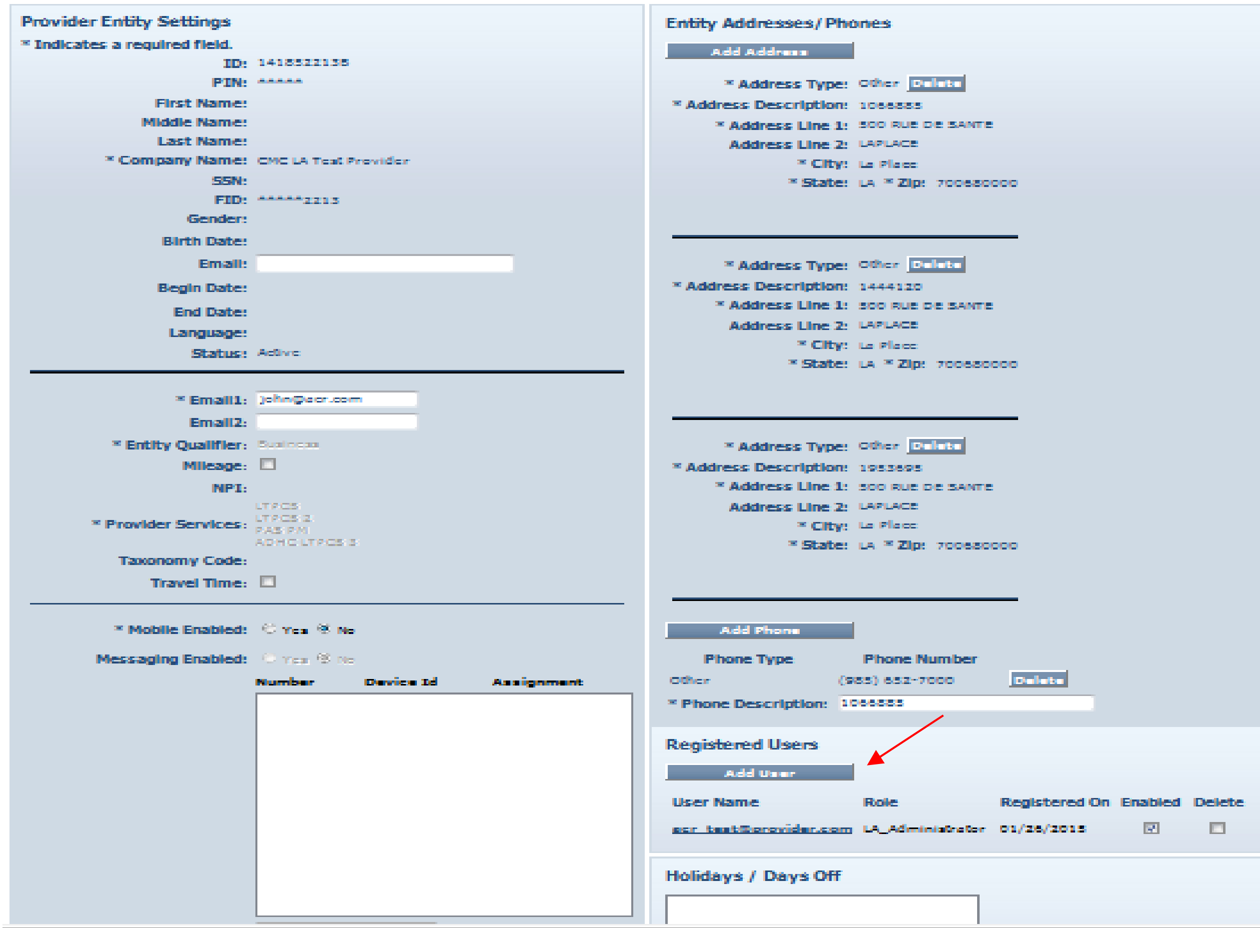
- Search >



-

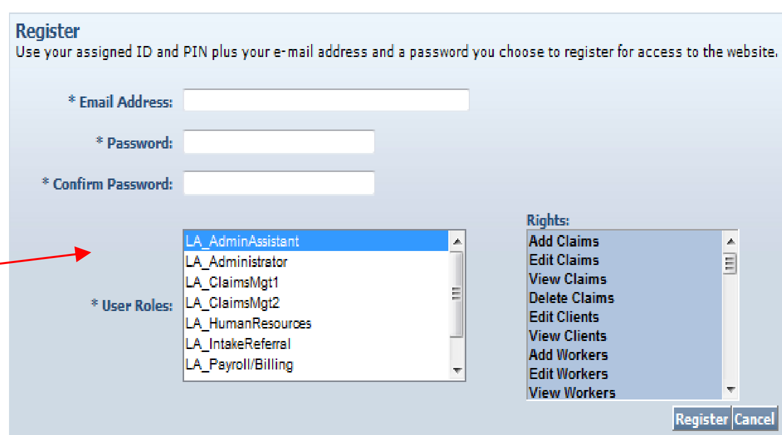
Click Go!

The **Provider Entity** Settings page displays with the information about this provider.



Click Add User.

The **Register** page displays.



- Choose an **Administrator Role** or a **Sub-Role** from the list. When you choose the sub-role, the screen will refresh to display the list of rights for that sub-role on the right. See Appendix A.4 for a description of the functions each sub-role can performed. Available provider sub-roles:

- LA_Administrator
- LA_AdminAssistant
- LA_Payroll/Billing
- LA_HumanResources
- LA_Payroll/Billing/HumanResources
- LA_Scheduler/Coordinator
- LA_ClaimsMgt1
- LA_ClaimsMgt2
- LA_IntakeReferral

- There can be only one sub-role per email address. If the person needs to be assigned to more than one sub-role, he/she will need to be added again with another email address.

Enter an Email Address.

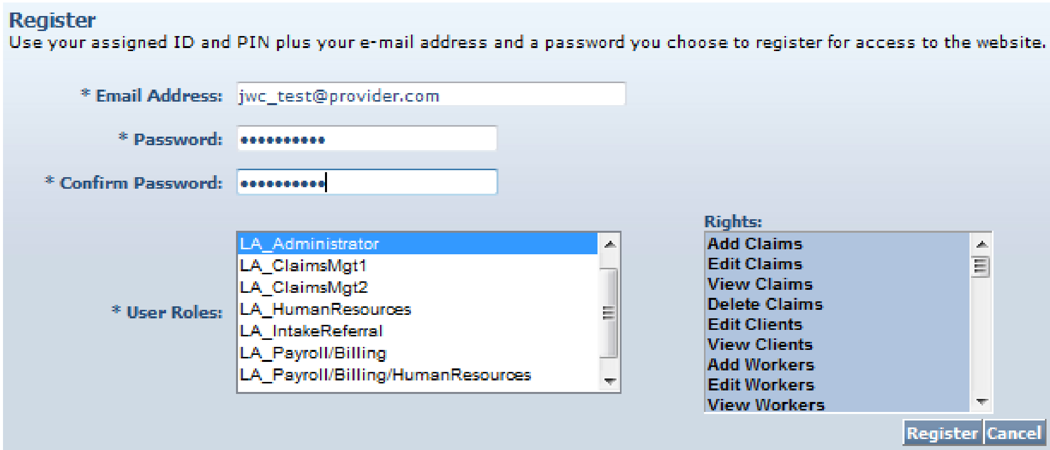
	*This email address serves as a User Name and is not used to contact the provider. It does not have to be a valid email address, but it must be in the **format** of an email address.* *For example, a provider with a facility called "Provider, Inc." may wish to type in the User Name: provider@inc.com.*

Enter a **Password**. The password must have at least one uppercase letter, at least one lower care letter, at least one number, at least one special character, and must be at least eight characters in length.

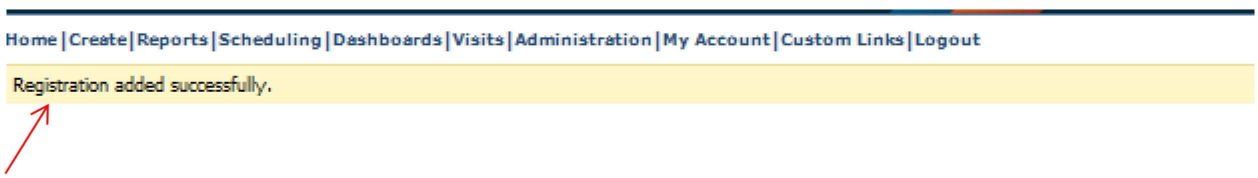
Re-enter the password in **Confirm Password**.

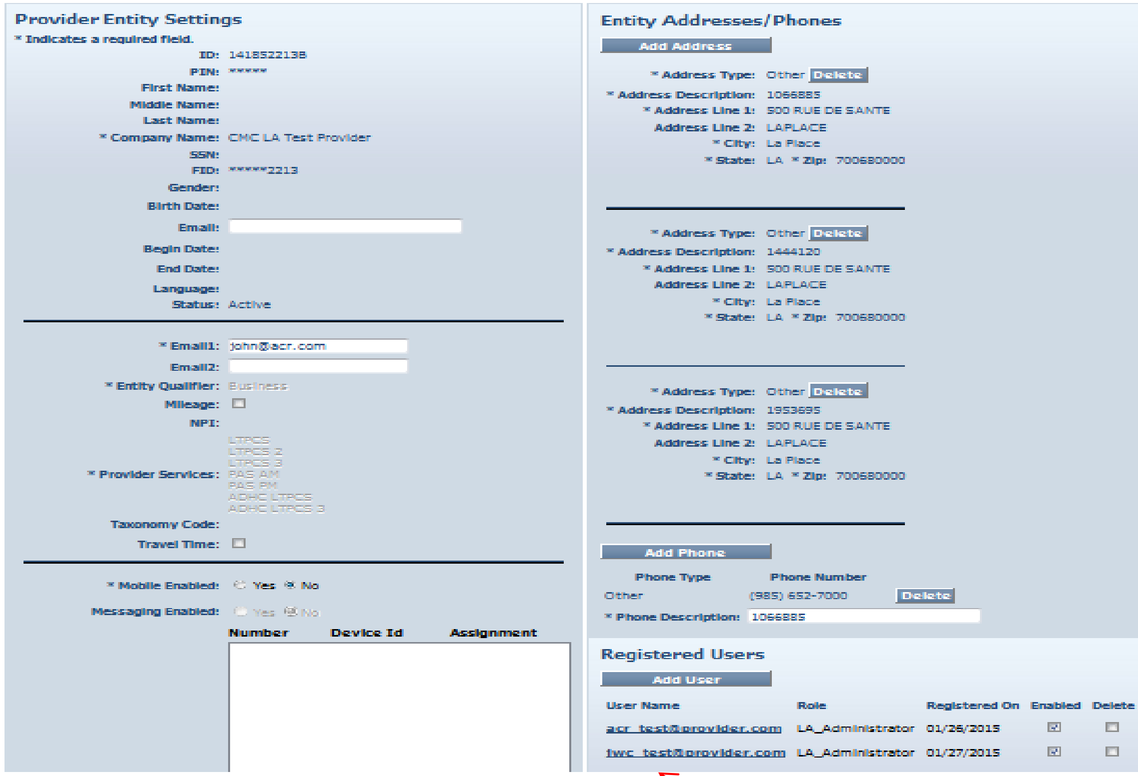
	This password is used in the future along with the email address to access the website so it is important to write them down and store both in a secure place.

The *Register* page displays with the entered information.



Click Register.



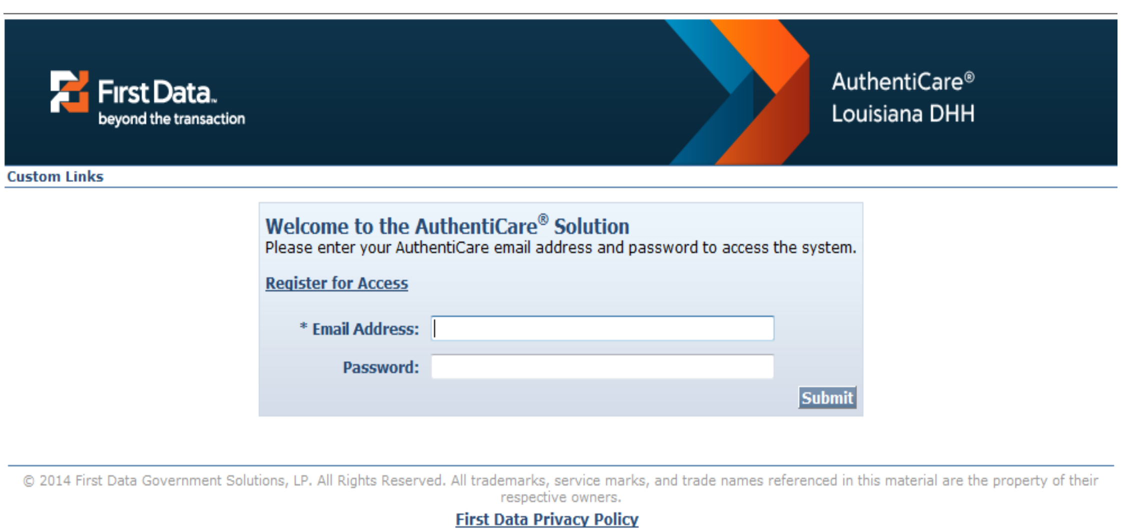


You are returned to the *Provider Entity Settings* page. A message in the top left hand corner informs you that the registration was completed successfully. The user you just registered displays in the Registered Users section of the *Provider Entity Settings* page specifying the email address, the sub-role assigned and that he is enabled.

2.2 LOGGING INTO AUTHENTICARE

1. Navigate to the AuthentiCare website at https://www.AuthentiCare.com/LADHH

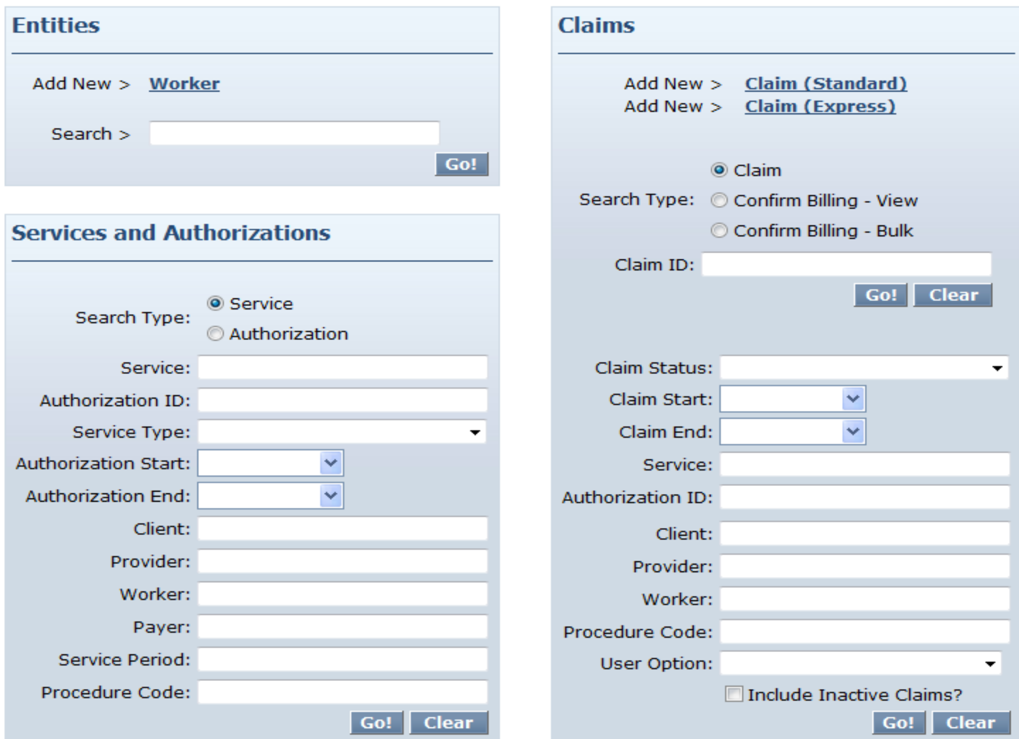
   The *Welcome* page displays.



2. Enter your AuthentiCare Email Address and Password.

   Click **Submit**.

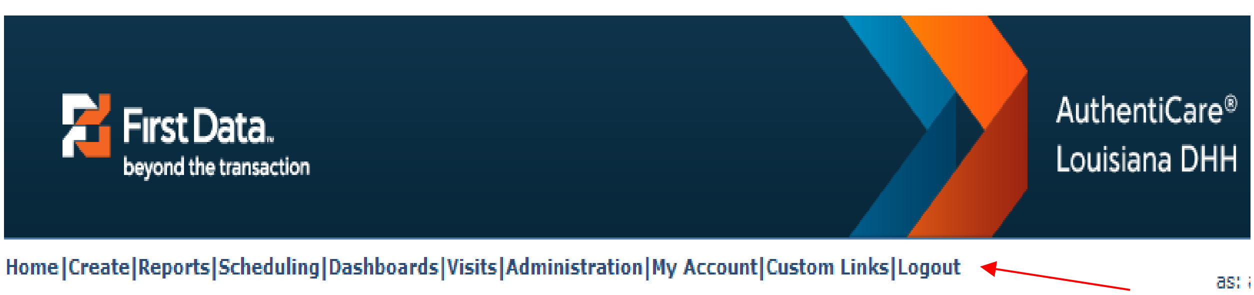
The *Home* page displays and varies in appearance based on the user's role or sub-role. Your view of the Home page may be different from what is displayed in this User Manual as this is the Provider Administrator's view. From the Home page, you can access the functionality available in AuthentiCare.



2.3 LOGGING OUT OF AUTHENTICARE

For security and privacy reasons, it is important for users to log off AuthentiCare when leaving the work station. After a 15minute period of inactivity, AuthentiCare automatically logs the user off. Users receive a warning 5 minutes ahead of the automatic logout.

- Click on **Logout** from the Main Menu.



The *Welcome* page displays and you are logged out of AuthentiCare.

2.4 CHANGING PASSWORD

There are several reasons why AuthentiCare users would want or need to change their password:

- ***Password Expiration****:* The password expires every 30 days and a new one needs to be chosen. There is a password rotation of twelve (12) passwords which means that you cannot use any of your previous twelve passwords when creating a new password.

- ***Security****:* A user may want to secure their password by creating a new one if they feel this information has been compromised.

- ***Account Lockout****:* After five (5) failed attempts to log-in in a single session the account is automatically disabled. To re-establish access:

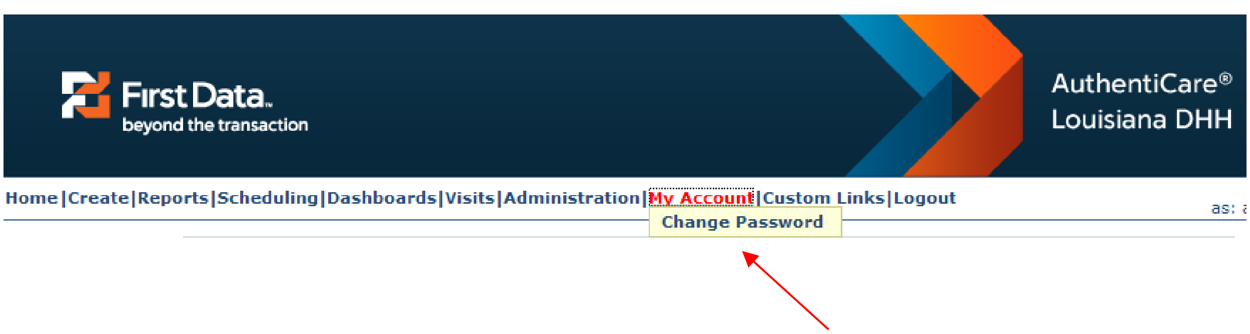
Passwords can be changed by the following process:

- For **Providers** – someone with an Administrator role can manage registrations and change the password for the locked out user.
- For **Case Managers** and **State Administrators** - contact First Data Client Support services at 1-800-441-4667 or AuthentiCare.Support@firstdata.com.

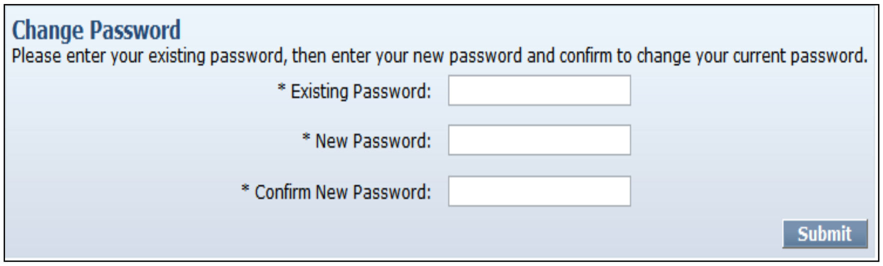
	When creating a new user account, you cannot use the same email address as the account that has been locked out.

Follow the steps below to change your password:

- Place your cursor on My Account in the Main Menu, and when Change Password displays below, click on it.



- The **Change Password** page displays.



- Enter your Existing Password.

- Enter a **New Password**.

	• *The Password must have at least one uppercase letter, at least one lower case letter, at least one number, at least one special character, and must be at least eight characters in length.* • *This password is used in the future along with the email address to access the website so it is important to write them down and store them in a secure place.* • *The password entered cannot be the same as any of the previous twelve passwords you have used.*

- Re-enter the password in **Confirm Password**.

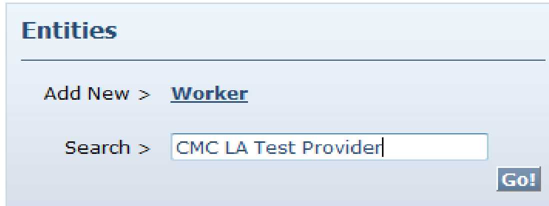
- Click **Submit**.

The AuthentiCare *Home* page displays with a confirmation that you successfully changed your password.

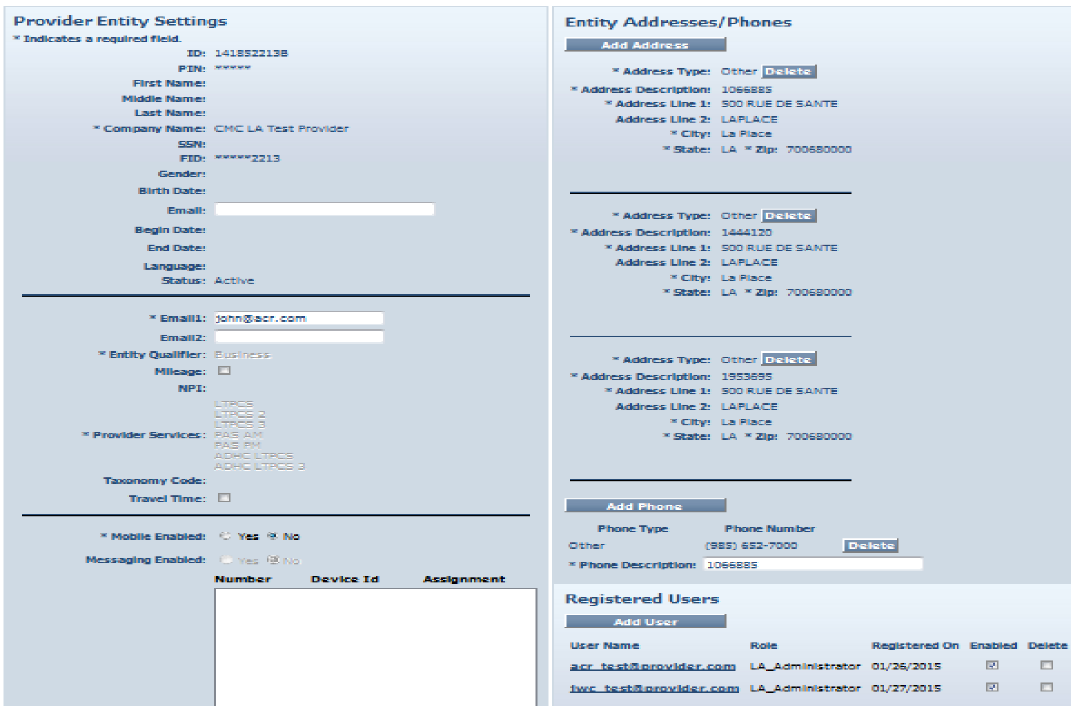
2.5 Providers – Managing Users

2.5.1 Providers – Administrator Access to Reset Passwords

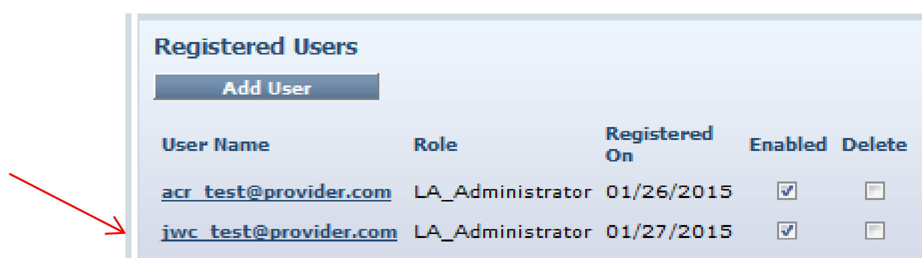
- If an employee of the provider has been locked out of the AuthentiCare system, the provider Administrator can reset the password for the employee.
- Navigate to the *Provider Entity Settings* page by entering the name of the provider or some portion of the name in the Entities **Search >** field and click **Go!**



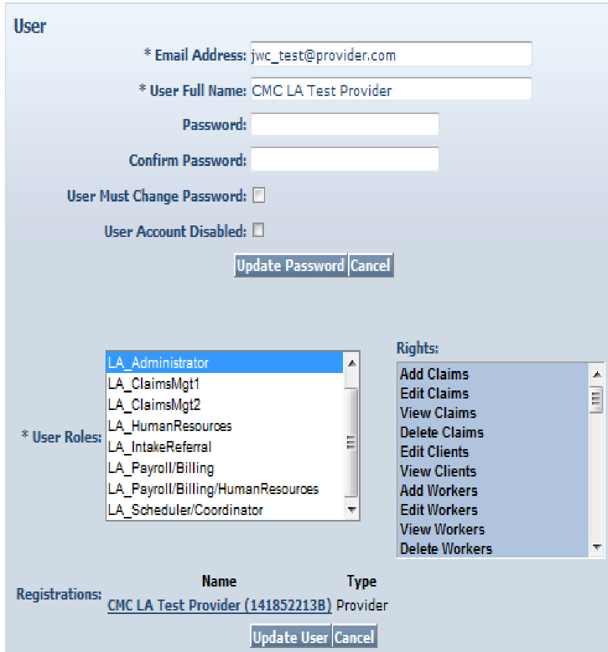
The *Provider Entity Settings* page displays with the information about this provider.



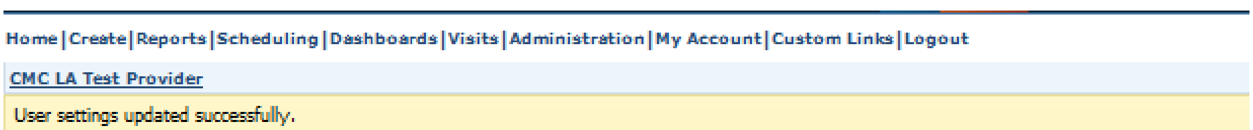
- Click the email address of the User whose password needs reset.



- The Password Reset Page opens. You can create a new password or unlock a User here. Make the password edits, and click “Update Password.”



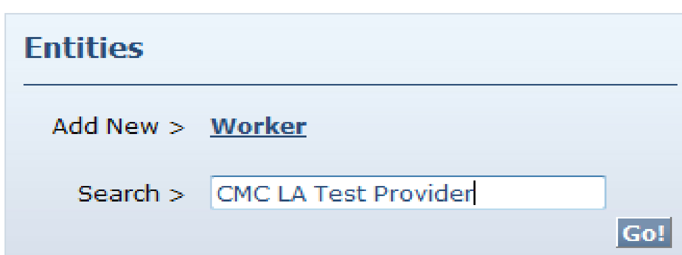
A message appears under the toolbar that the User's password (setting) has updated successfully.



2.5.2 PROVIDERS – ADMINISTRATOR ACCESS TO DISABLE ACCOUNTS

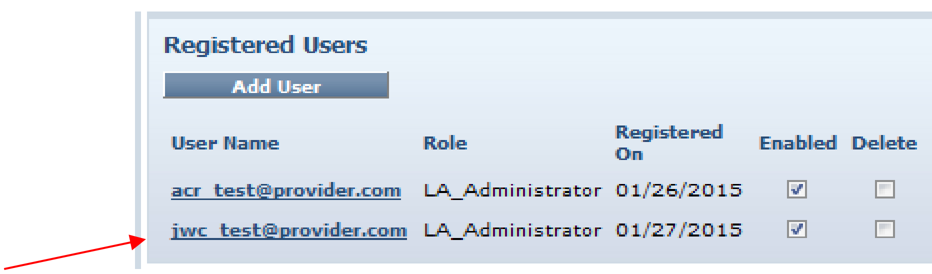
If an employee of the provider has left the company and that person had access to AuthentiCare, it is critical that the User account is disabled immediately. Because you can log in to AuthentiCare anywhere you can access the Internet, a former employee would still have access to your agency's information. Only someone with the Administrator role can disable an account.

Navigate to the *Provider Entity Settings* page by entering the name of the provider or some portion of the name in the Entities **Search >** field and click **Go!**

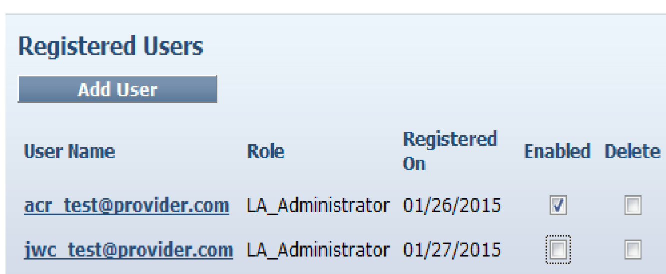


The *Provider Entity Settings* page displays with the information about this provider.

- Select the User to be disabled.



- Click the Enabled box, and the check mark will disappear.



- Click **Save**.

You are returned to the *Home* page which displays a message that the provider was saved successfully.

Home | Create | Reports | Scheduling | Dashboards | Visits | Administration | My Account | Custom Links | Logout

Successfully saved Provider - CMC LA Test Provider (ID: 141852213B)

This user will no longer be able to log into AuthentiCare.

⚠	*Do not click the "delete" check box to disable the user. That will hamper the functions in AuthentiCare that automatically track by user name (email) actions that were taken in the system.*

2.5.3 State Administrative Users

If a user should no longer have access to AuthentiCare, contact First Data Client Support Services at AuthentiCare.Support@firstdata.com to have the account disabled.

CHAPTER 3 AN INTRODUCTION TO NAVIGATING AUTHENTICARE

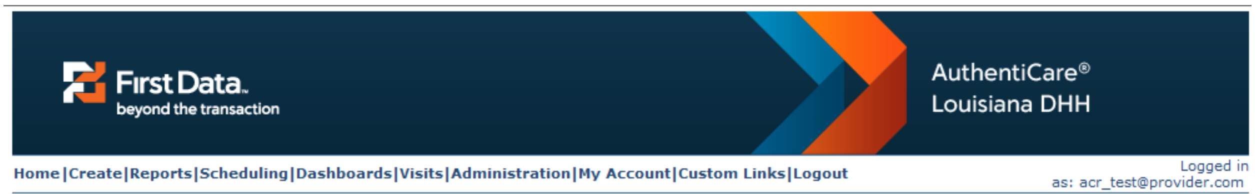
AuthentiCare provides several “starting points” from which to navigate through the system. All users will see the *Home* page when first logging in to the system. From this point, the user can access all data and functionality allowed by the assigned role or sub-role.

For providers with the role of Administrator, and sub-roles of AdminAssistant, Payroll/Billing or Payroll/Billing/Human Resources, there are two additional navigation tools that are listed on the top tool bar, *Provider Dashboard, Worker Dashboard, and Exceptions Dashboard*. These are short cuts to data that is essential to daily operations.

3.1 HOME PAGE

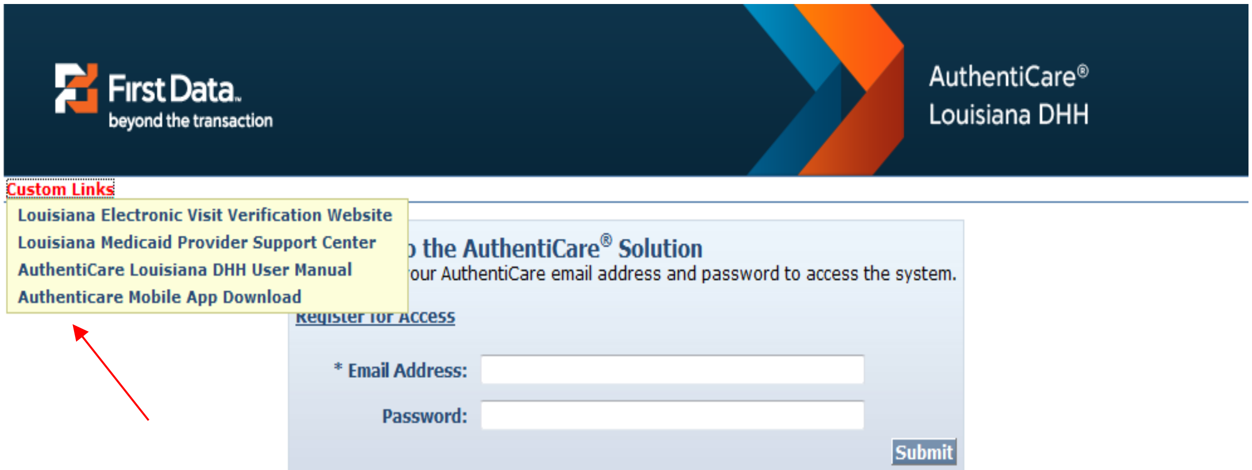
The *Home* page is the central location in AuthentiCare. From this page users can navigate to any of the other areas of the system. This page differs depending on the user role, and therefore, controls the information users can access in the system.

The user name is displayed in the upper right-hand corner of the *Home* page. All actions taken by the user are tracked in AuthentiCare to maintain an accurate record of activity.

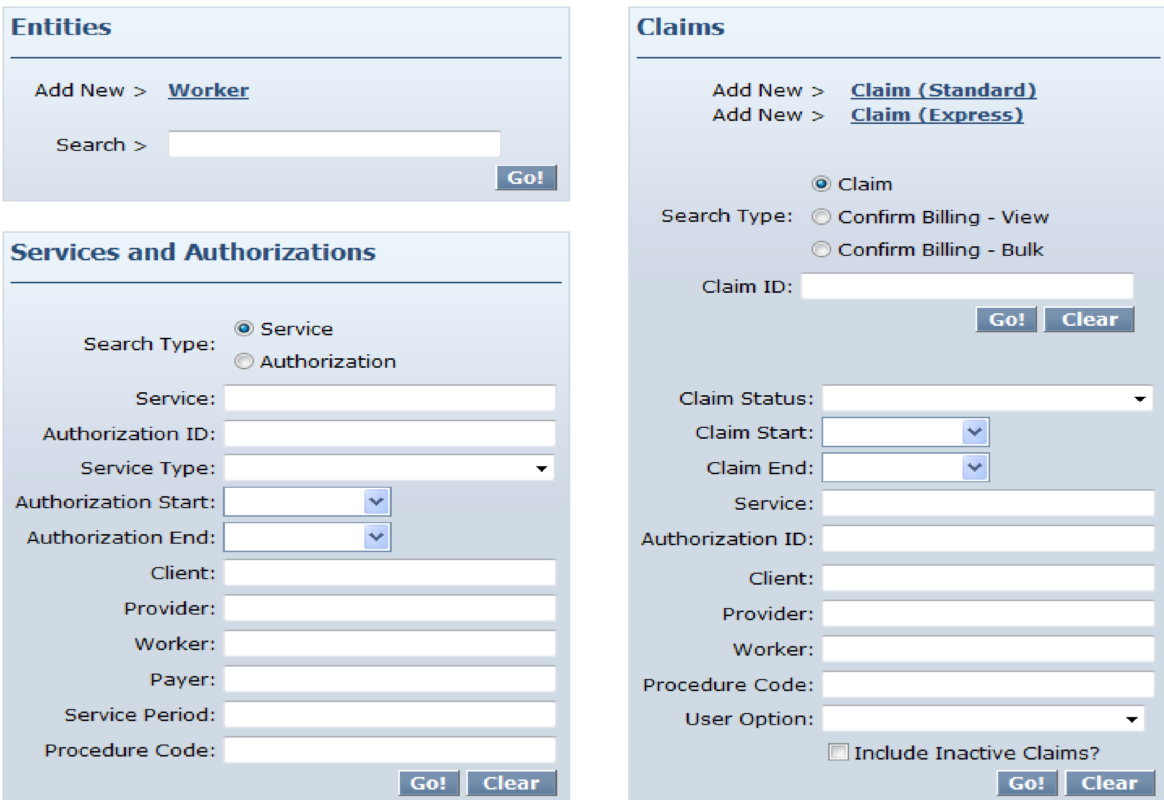


The Main Menu on the tool bar across the top of the page allows the user to navigate to different pages to perform different tasks. The Main Menu functions are discussed in detail throughout this manual. The options on the main menu differ depending on the user’s role and appear on every page in the system.

	All users have a **Custom Links** *option on the tool bar that links to sites or information that is outside of AuthentiCare. These links include Louisiana Electronic Visit Verification Website, Louisiana Medicaid Provider Support Center, AuthentiCare Louisiana DHH User Manual and AuthentiCare Mobile App Download.*



The *Home* page is divided into three sections:



- **Entities** – Entities is a broad category within AuthentiCare that designates people and agencies involved in the caregiving experience including:
    - Clients (the participants served by AuthentiCare Louisiana DHH)
    - Providers (each provider agency)
    - Workers (those employed by a provider agency)

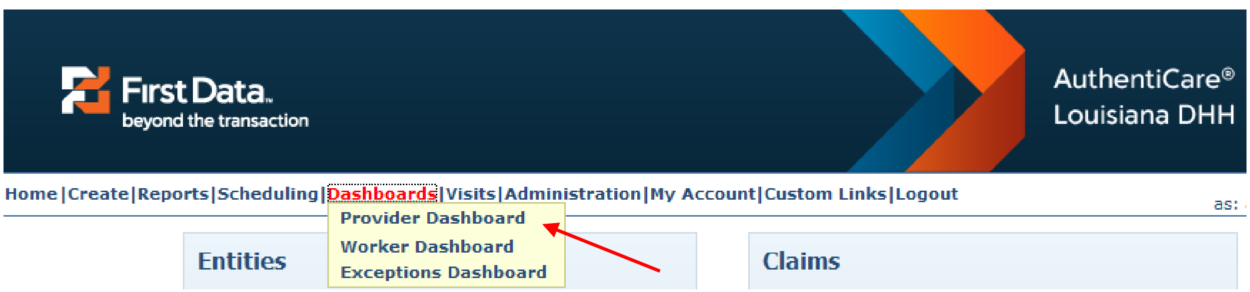
- **Services and Authorizations** – This section of the *Home* page allows the user to perform detailed searches for existing services and authorizations by clicking on **Go!**
- **Claims** – While most claims are created using the IVR phone system or the GPS enabled mobile device, designated provider sub-roles can also create claims using the website. All claims, whether they were created using the IVR, mobile device or the website, can be viewed from the website. Providers may perform detailed searches for existing claims from the *Home* page. Refer to Chapter 12, Managing Claims.

The Search and Create functions are described in more detail throughout the manual.

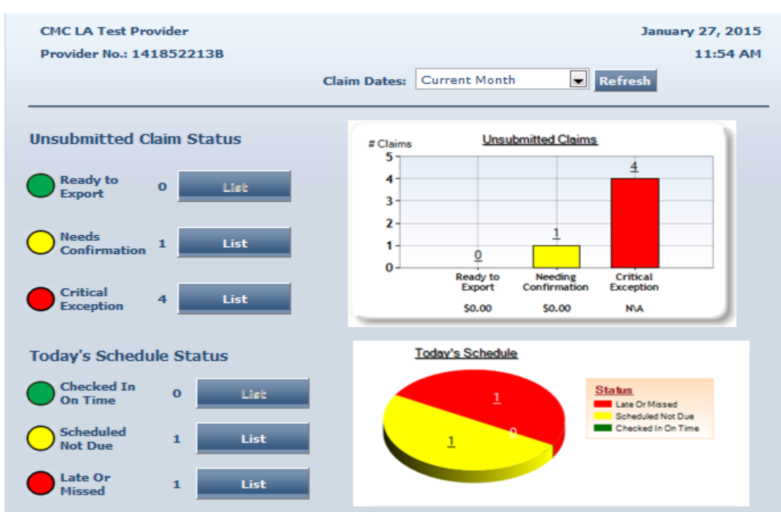
3.2 Provider Dashboard

In addition to the *Home* page, AuthentiCare includes a Provider Dashboard where information is presented in a graphical format and provides easy navigation to the source data represented in the dashboard. The Provider Dashboard is only available to users who have the Administrator role, and the sub-roles of AdminAssistant, Payroll/Billing or Payroll/Billing/Human Resources in the system.

Place your cursor on **Dashboards** in the Main Menu and click on **Provider Dashboard.**



The Provider Dashboard displays with real time information.



The *Unsubmitted Claim Status* section provides information on the number of claims that fall into the following categories:

- **<u>Ready to export</u>** – This gives the number of claims that have been confirmed by the provider, but have not yet been submitted for adjudication. These claims may have informational exceptions, but they do not have any critical exceptions. In the next routine system export, these claims will be submitted. Click on the List button to view these claims on the *Claim Search Results*. Refer to Section 12.1 for more information.

- **<u>Needs Confirmation</u>** – This represents the number of claims that are ready to be confirmed for billing to allow submission for payment. In other words the only critical exception on these claims is billing confirmation. Once a claim has been confirmed for billing, it will be moved to the "ready to export" group. Click on the List button to view the *Confirm Billing* page where providers can confirm these claims. Refer to Section 12.6 for more information.

- **<u>Critical exception</u>** – This represents the number of claims with one or more critical exceptions in addition to billing confirmation. A critical exception means the claim did not pass one of the system edits that are based on Louisiana DHH business rules. These exceptions prevent the claim from being confirmed for billing and exported. Click on the List button to view the *Claim Search Results* which will list these claims and provide a link to the claim so that details about the exception can be viewed and addressed.

The *Today's Schedule Status* section provides information for the events scheduled for the current day only if the provider is using the scheduling functionality of AuthentiCare. Refer to Chapter 9, Scheduling for further information. The information in this section of the dashboard is divided into the following three categories:

- **<u>Checked In On Time</u>** – This represents the number of events (visits) where the worker has checked in on time as defined in the schedule. Dependent upon the service reflected on the claim, "on time" is defined as checking in during a set window of time prior to the scheduled event start time and a set window of time after the scheduled event end time. For further information about these events, click List to view the *Worker Dashboard* which will display all events identifying the worker, the check-in time, and the check-out time (if the visit has been completed). Refer to Section 3.3 for further information.

- **<u>Scheduled Not Due</u>** – This represents the number of events *scheduled* for later in the day. To view these scheduled events, click List to view the *Worker Dashboard* which will display the scheduled events and the worker assigned to each event scheduled to occur later in the day. Refer to Section 3.3 for further information.

- **<u>Late or Missed</u>** – This represents the number of scheduled events where the worker either checked in Late (between 15 and 30 minutes after the scheduled

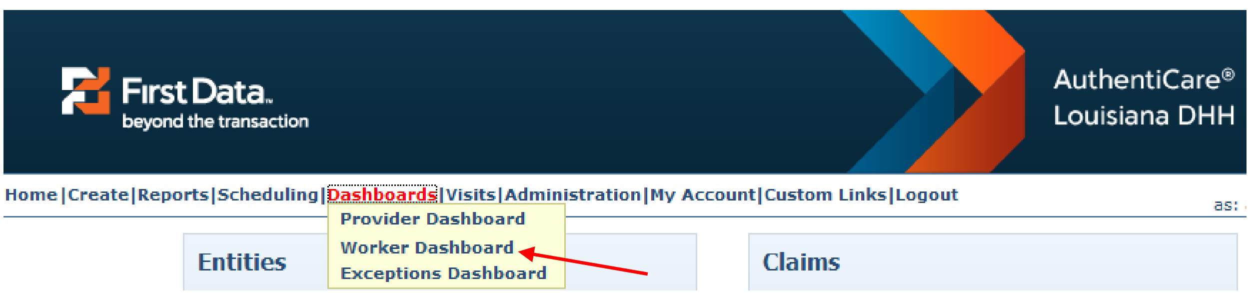
start time of the event), or Missed if the worker did not check in within 30 minutes of the scheduled start time of the event.

If a worker checks in more than 120 minutes before the scheduled start time of the event or 30 minutes or later after the scheduled start time of the event, the check-in will not match to the scheduled event and the event status will be “Missed”. For further information about these events, click List to view the *Worker Dashboard* which will display all late or missed events for the current day. Refer to Section 3.3 for further information.

In a provider agency does not use the scheduling functionality in AuthentiCare this part of that provider’s Dashboard will be blank.

3.2 Worker Dashboard

In addition to the Provider Dashboard, AuthentiCare also includes a Worker Dashboard to facilitate quick access to information about the current day’s schedule. The Worker Dashboard is accessible to users with the Provider Administrator role, and the sub-roles of AdminAssistant, Payroll/Billing, Payroll/Billing/Human Resources, and Scheduler/Coordinator.



Place your cursor on **Dashboards** in the Main Menu, and click on **Worker Dashboard.**

The Worker Dashboard displays with real time information about the scheduled events for the current day.

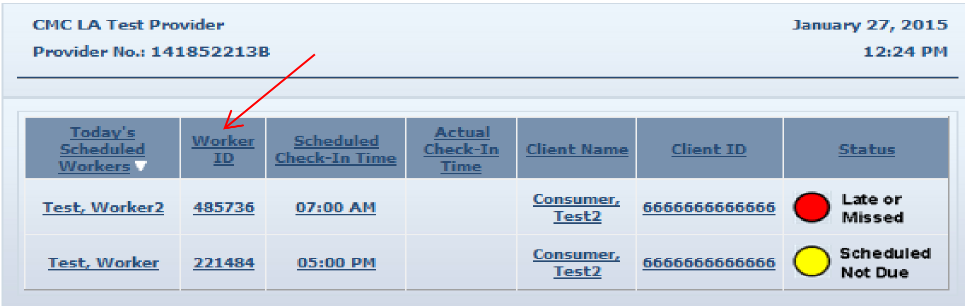
CMC LA Test Provider — January 27, 2015

Provider No.: 141852213B — 12:22 PM

Today's Scheduled Workers	Worker ID	Scheduled Check-In Time	Actual Check-In Time	Client Name	Client ID	Status
Test, Worker2	485736	07:00 AM		Consumer, Test2	6666666666666	Late or Missed
Test, Worker	221484	05:00 PM		Consumer, Test2	6666666666666	Scheduled Not Due

Each column has a sort option. By default the Worker Dashboard displays the scheduled events in ascending alphabetical order of the worker's last name.

To change the order of the sort, click on the arrow in the column name on which you wish to have the information displayed. For instance if you click on the up arrow in the Worker ID column, the information will be sorted in ascending worker ID order.



CMC LA Test Provider
Provider No.: 141852213B

January 27, 2015
12:24 PM

Today's Scheduled Workers ▼	Worker ID	Scheduled Check-In Time	Actual Check-In Time	Client Name	Client ID	Status
Test, Worker2	485736	07:00 AM		Consumer, Test2	6666666666666	Late or Missed
Test, Worker	221484	05:00 PM		Consumer, Test2	6666666666666	Scheduled Not Due

The Status column displays one of the following three statuses:

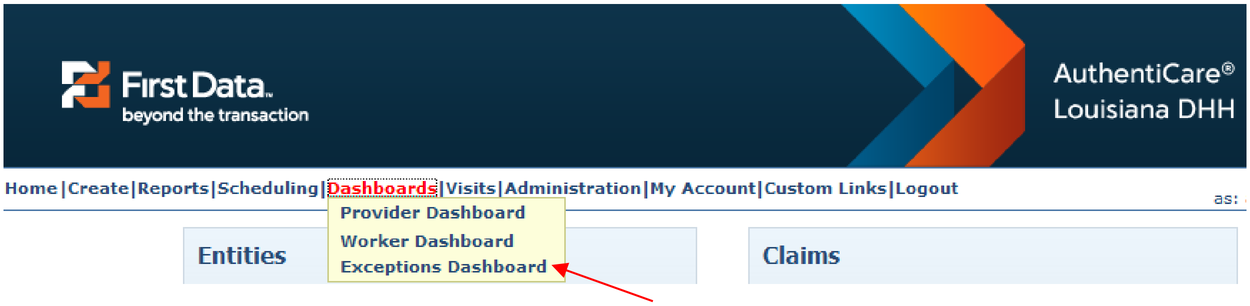
- **Checked In on Time** – This means the worker checked in between 120 minutes prior to the scheduled event start time and15 minutes after the scheduled event start time.
- **Scheduled Not Due** – This means the event is scheduled to occur later in the day based on the current time in AuthentiCare.
- **Late or Missed** – This means either the worker checked in late (between 15 - 30 minutes after the scheduled start time of the event), or the worker did not check in within 30 minutes prior to the scheduled start time of the event.

Each of the data items displayed on the Worker Dashboard is a hyperlink.

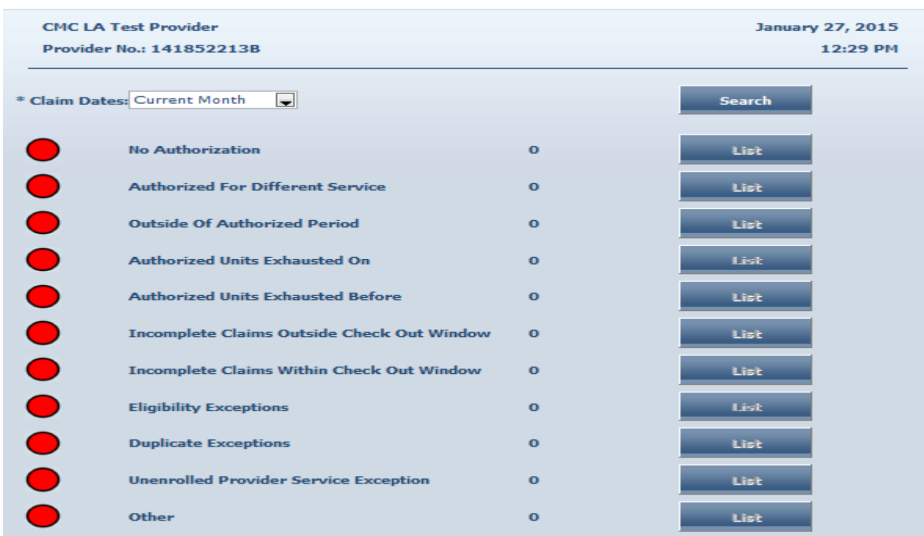
- Clicking on the worker name or worker ID will take you to the *Worker Entity Settings* page. This allows you to view the information about the worker. Refer to Section 4.4 for further information.
- Clicking on the scheduled check in time will take you to the *Scheduled Event* page. This allows you to view the information about the event. Refer to Section 9.2 for further information.
- Clicking on the actual check in time (if there is one) will take you to the *Claim* page. This allows you to view the information captured for the claim. Refer to Section 12.1 for further information.
- Clicking on the client name or client ID will take you to the *Client Entity Settings* page. This allows you to view the information about the client for whom the event is scheduled. Refer to Section 4.3 for further information.

3.3 Exceptions Dashboard

Place your cursor on **Dashboards** in the Main Menu, and click on **Exceptions Dashboard.**



The Exceptions Dashboard displays with real time information about the scheduled events for the current day.



CHAPTER 4 SEARCH AND VIEWING PEOPLE AND/OR AGENCIES

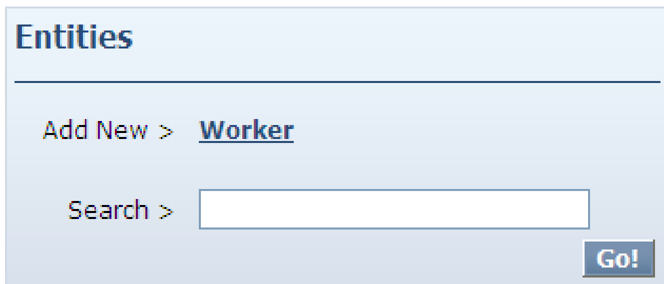
The extent to which a user is able to view people and/or agencies depends on his/her role in the system.

- **State Administrator users** can view all data in AuthentiCare related to their clients who receive in-home services.

- **Provider agency users** can view the information in AuthentiCare about their specific agency as well as information about all clients served by that agency and all workers who work for that agency.

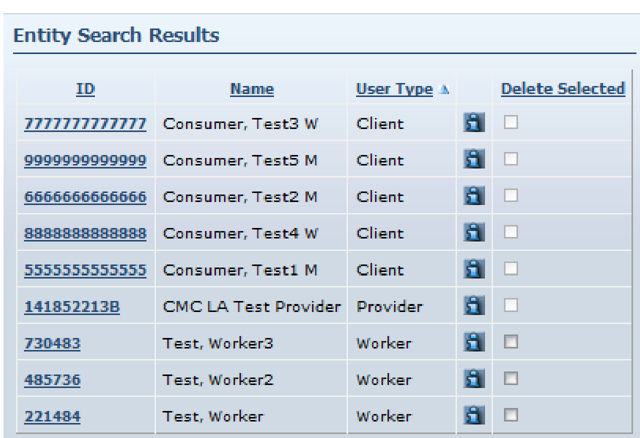
4.1 SEARCHING FOR PEOPLE AND/OR AGENCIES

- Enter a name, partial name or ID in the **Search** field and click **Go!**



	*If nothing is entered in the **Search** field, then all entities will be returned in your search results. Finding just one client or worker in the list will take longer than searching for one entity.*

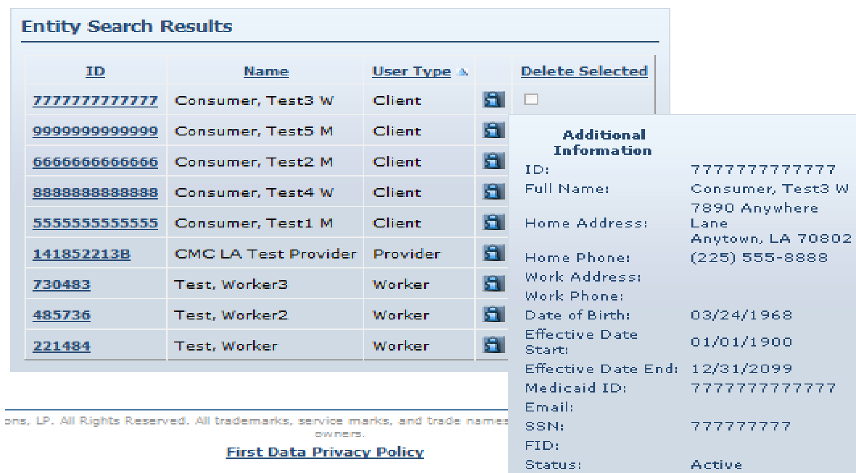
- The search results display all Entities which match the search criteria entered on the *Home* page. If there is only one entity that matches the search criteria entered, then that entity is displayed immediately rather than the *Entity Search Results* page.



Entity Search Results

ID	Name	User Type		Delete Selected
7777777777777	Consumer, Test3 W	Client		
9999999999999	Consumer, Test5 M	Client		
6666666666666	Consumer, Test2 M	Client		
8888888888888	Consumer, Test4 W	Client		
5555555555555	Consumer, Test1 M	Client		
141852213B	CMC LA Test Provider	Provider		
730483	Test, Worker3	Worker		
485736	Test, Worker2	Worker		
221484	Test, Worker	Worker		

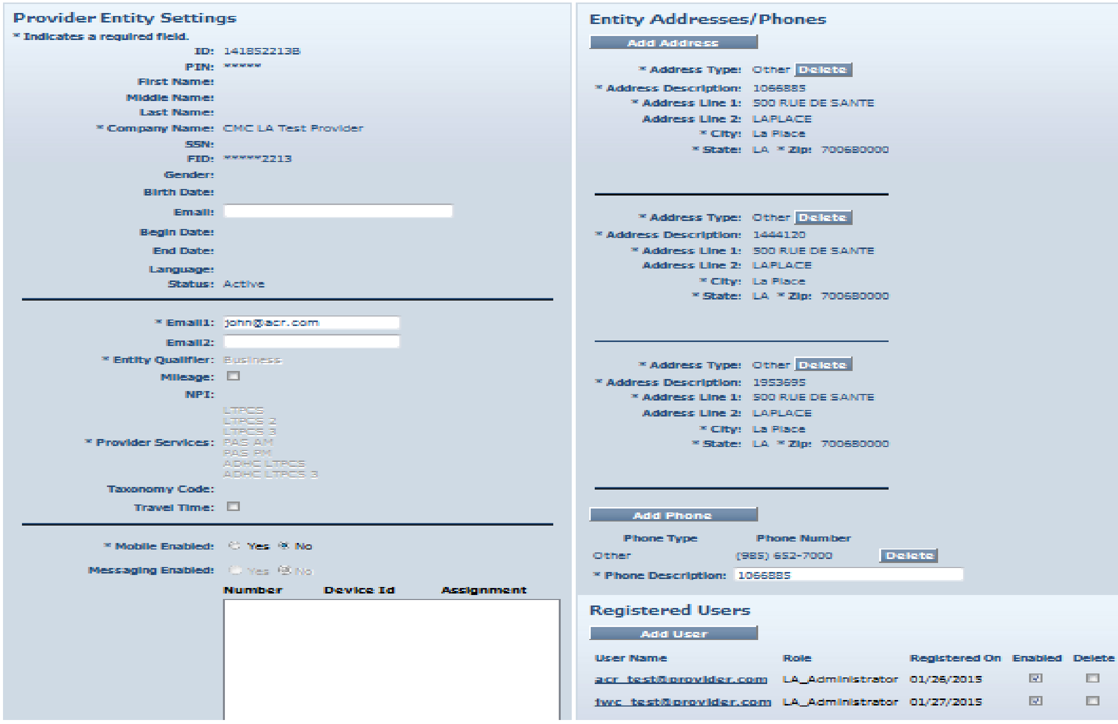
- Note the columns displayed in the search results:
  - **ID** – Click this link to go to the *Entity Settings* page for this entity
  - **Name** – Identifies the name for the Entity
  - **User Type** – Identifies the type of Entity: Provider, Client or Worker
- Click the column heading for the search results to sort using a different column. Click the heading once to change the sort to ascending order for that column. Click the heading again to change it to descending order for that column.
- Position the cursor over the **Information icon** to display a pop-up to view more detailed information.



- Click the **ID** number in the first column next to the entities name to view the *Entity Settings* page. The *Entity Settings* page that displays is dependent on the type of entity.

4.2 Viewing Providers

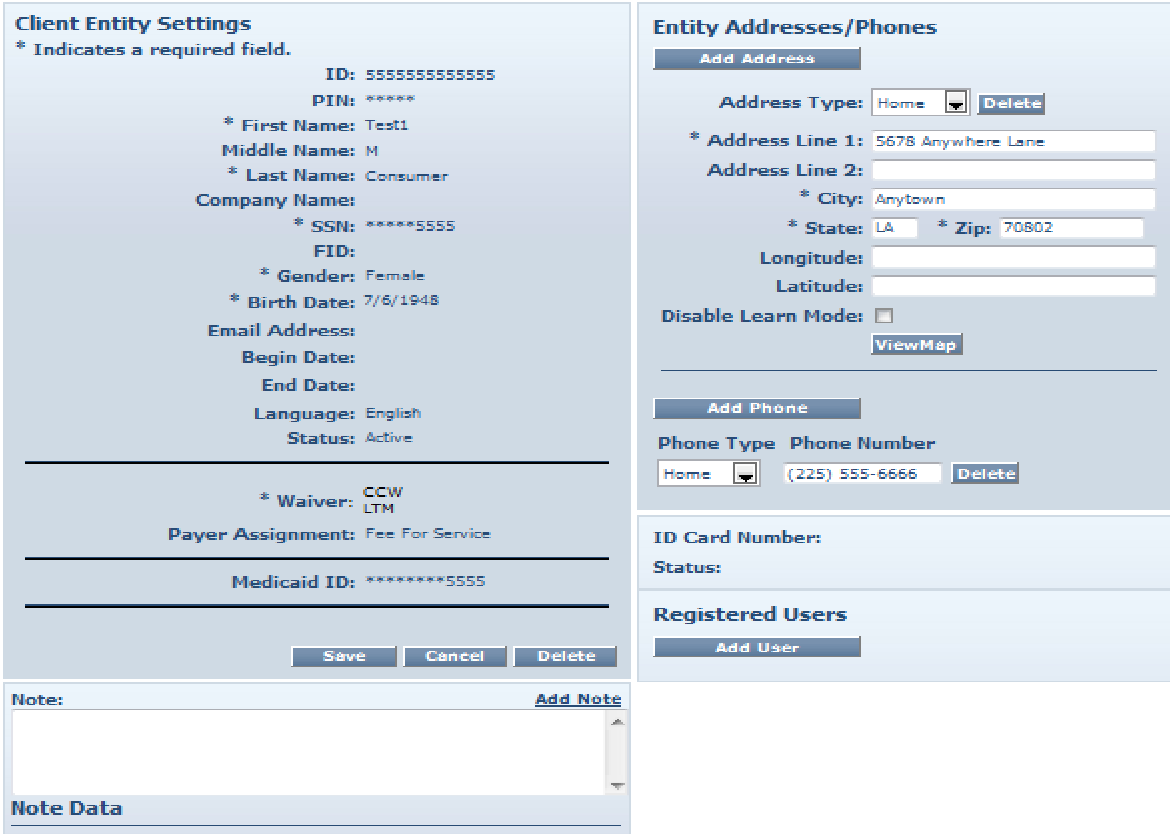
If you click on a provider, that *Provider Entity Settings* page displays.



This page provides information regarding the provider: the services the provider is enrolled to provide, the provider's workers, address and phone information, holidays, and work hours. This information is data scoped (restricted) to match the rights of the user who is logged in. A provider can only see information specific to his/her agency.

4.3 VIEWING CLIENTS

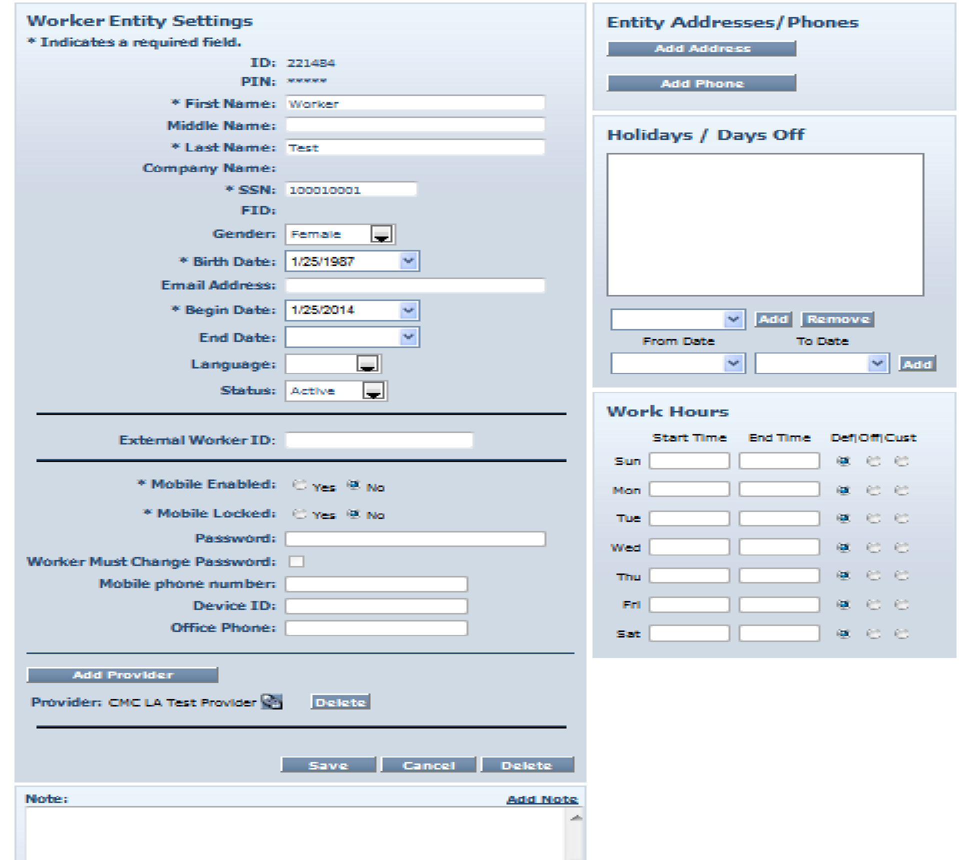
If you click on a client, the *Client Entity Settings* page displays.



This page provides client information required for claims processing, scheduling and using the IVR/mobile device. The Provider Administrator user can add additional client address and telephone information via the Web. The ‘Home’ address of the client received from SRI should not be edited as the updates made via web will be over-written by the import.

4.4 VIEWING WORKERS

If you click on a worker, the *Worker Entity Settings* page displays.



This page provides information about the worker that is required for scheduling and capturing service activities via the IVR and mobile. This information is entered and maintained by the provider.

4.5 VIEWING CASE MANAGERS

If you click on a case manager, the *Case Manager Entity Settings* page displays.

CaseManager Entity Settings

* Indicates a required field.

ID: 011001
PIN: *****
* First Name: CaseManager1
Middle Name:
* Last Name: PMTest
Company Name:
SSN:
FID:
Gender:
Birth Date:
Email Address:
Begin Date:
End Date:
Language:
Status: Active

Back

Entity Addresses/Phones

Note Data

No note data was found.

Audit Data

This page provides case manager information associated with the client. This information is provided by SRI via import to AuthentiCare system.

Chapter 5 Managing Provider Information

5.1 Editing Provider Information

The Provider data is imported using a custom import process developed for AuthentiCare Louisiana DHH.

- Since each provider organization can have more than one office and each office can have multiple Medicaid IDs assigned to it, there is a need to setup a unique ID to identify a provider office.
- The ID generated will be in the format of FID/Tax ID + System Generated Letter representing a zip code.
- A Provider is defined as a collection of Medicaid IDs where the FID and zip code are the same.
- A separate address will be maintained for each Medicaid ID record in the AuthentiCare system for a given Provider ID. The address gets inserted/updated as the Medicaid ID records associated with a given Provider ID gets imported.
- On the web, claims and authorizations are processed by this Provider ID.
- Each provider can only access information relative to the agency with which he/she is associated.

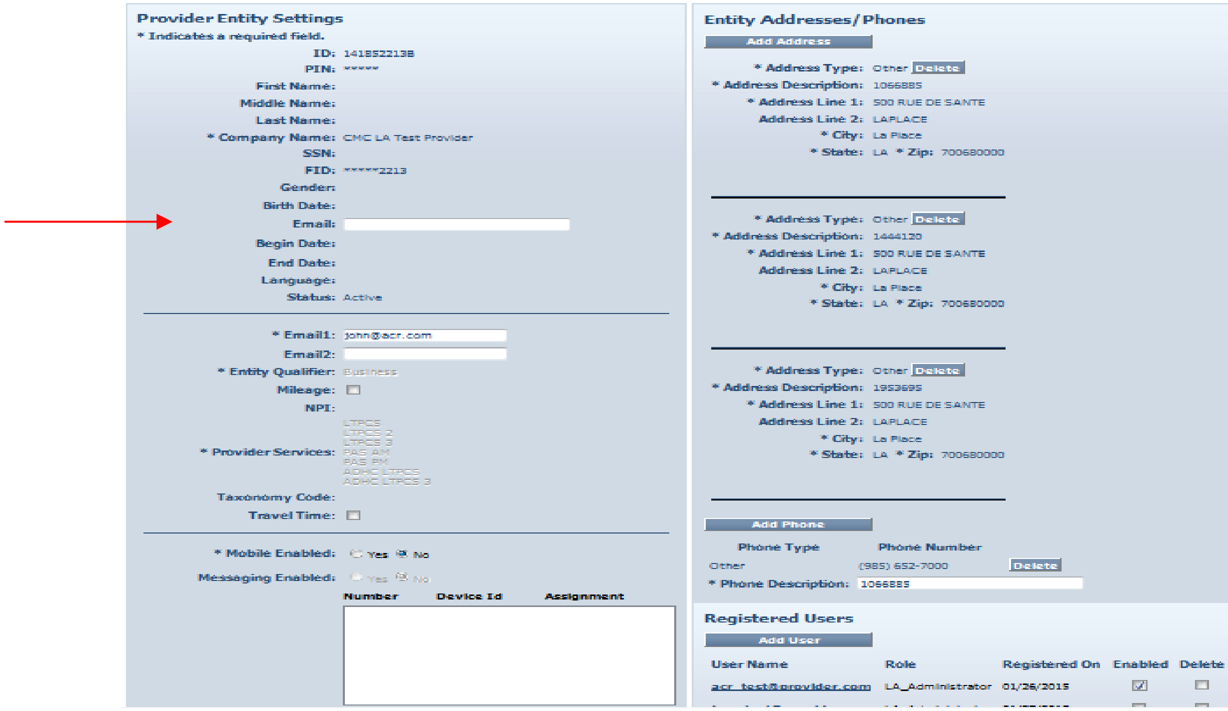
When first signing on to the AuthentiCare system, the Provider Administrator user must view his/her agency's information in AuthentiCare to verify that it is correct. If it is not correct, the Provider Administrator should contact Louisiana DHH personnel so that corrections made will then be forwarded to AuthentiCare. Questions and corrections can be emailed to: EVVHelp@la.gov

A provider can edit certain information on web through the provider page like adding the agency's **Email Address**.

A provider may also update holidays and working hours for the agency. If entered, this will drive some of the pop-up messages in the Scheduling system.

Providers should verify their information in the system on a regular basis to make sure that it is up-to-date and that no changes are required.

Follow the Search and View instruction above to access the *Provider Entity Settings* page.



- Verify the existing data is correct. Update the **Email Address** as needed. This is where AuthentiCare will automatically send alerts for missed and late visits.

Unlike the email address you use for your user name, AuthentiCare uses this address to automatically send an alert if a worker is late checking in for a scheduled service and/or if a worker does not check in at all to provide a scheduled service (missed visit).

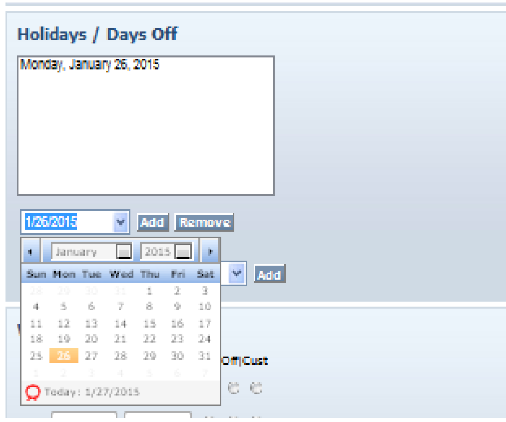
There can only be one email address but it can be an individual or an address that distributes the email to multiple employees within your agency.

- Request Schedule information be entered.

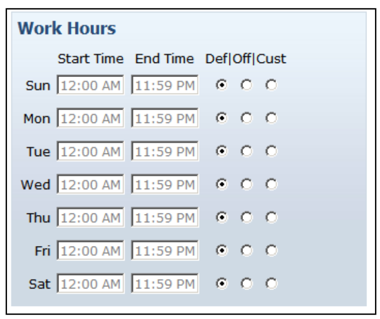
- Providers <u>may choose</u> to update the **Holidays/Days Off** for the agency. These are days that the agency does not provide services to clients, not days that the office is closed.

    - To add a single day: Type in the **Date** OR choose a date from the calendar then click **Add**.

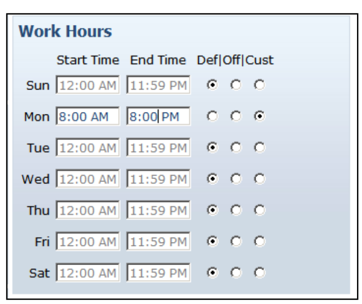
    - To add a date range for a multi-day agency closure: Enter a **From Date** and **To Date** OR choose the dates from the calendars, and then click **Add**.



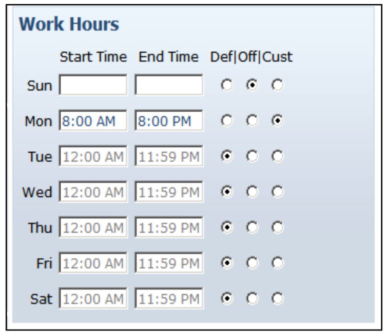
- A provider may choose to update the **Work Hours**. These are the hours that workers from the agency may provide services for clients and does not reflect the office hours of the agency.
  - To apply the **default hours (12:00 AM to 11:59 PM)**, no change is needed.



  - To **enter specific service hours** for one or more days of the week:
  - Click the radio button in the column labeled "**Cust**" (for Custom)
  - Enter the **Start Time** and **End Time** in the fields provided. Be sure to indicate AM or PM for each entry.



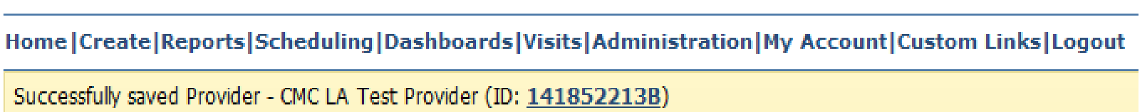
  - To **establish days of the week (for every week)** that the agency's workers do not provide services (for example on Sunday):
  - Check the circle in the column labeled "**Off**".



Entering details in this section causes warning notices to display if the provider attempts to schedule a worker for a time that falls outside of the agency's work hours. However, providers are not prevented from scheduling a visit outside normal work hours. Refer to Chapter 9.

- Click **Save**.

A successful save message displays at the top of the page indicating the provider information was saved successfully.



CHAPTER 6 MANAGING WORKER INFORMATION

A worker is the provider's staff member who will be providing services for a client. (This does not include office staff employed only to work in AuthentiCare through the Web.) Prior to implementation, worker information for each provider is pre-populated in AuthentiCare. Prior to implementation, providers must verify that the worker information is correct.

Workers hired by the provider after the files were sent to First Data for pre-populating must be added via the Web by the provider.

Worker information requires regular maintenance to add new workers, update current worker information and inactivate workers who no longer work for a provider agency. The following sections describe how these maintenance activities are accomplished.

6.1 ADDING A WORKER

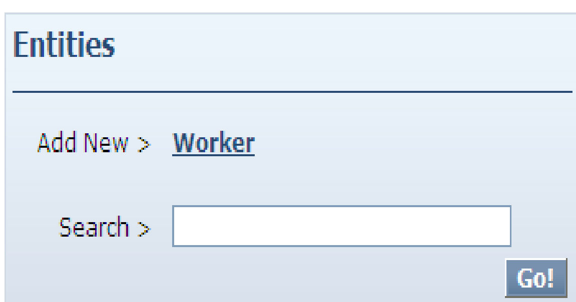
Workers are vital to the AuthentiCare process. In order for the IVR system to document services provided by a worker, the worker must be in the system and have a system-generated ID number. This will enable accurate scheduling, use of the IVR, Mobile and billing for services provided.

Prior to adding a new worker, it is recommended that a search be performed to determine if the worker has already been added. For details on searching, refer to Section 4.4.

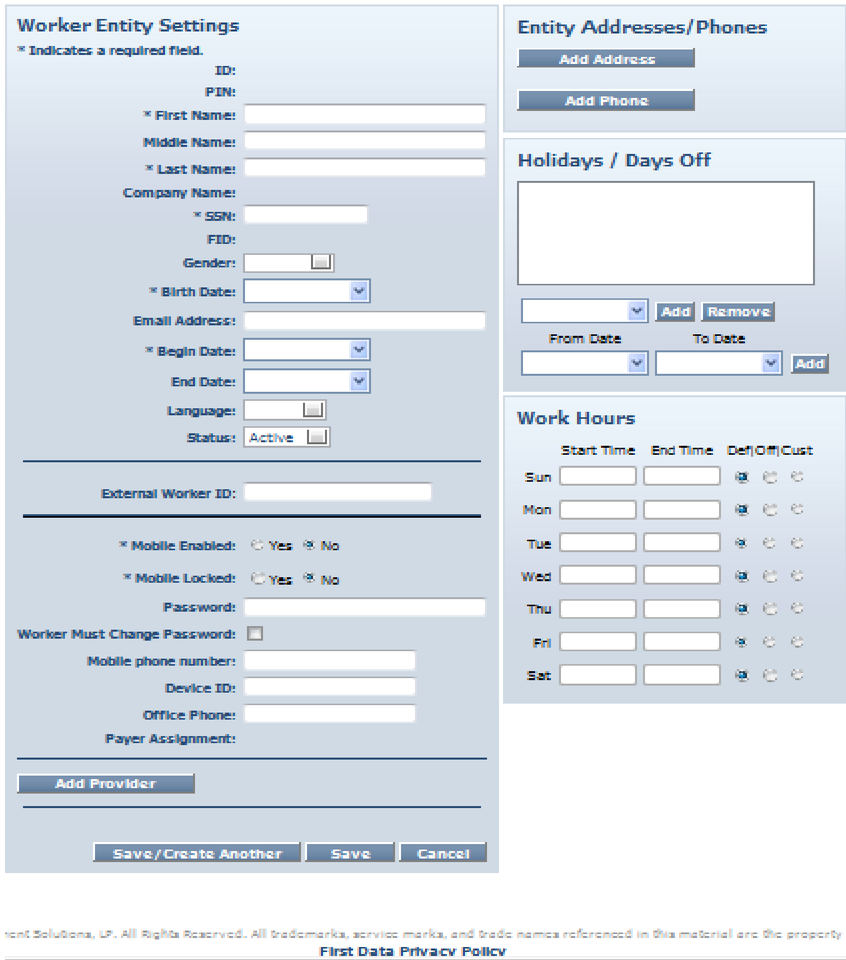
- Click **Create** in the menu bar and select "**New Worker**".

  OR

- Click **Worker** adjacent to "Add New >" in the Entities section of the *Home* page.



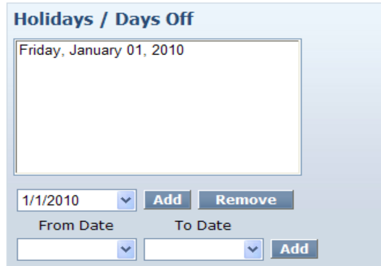
The *Worker Entity Settings* page displays. The *Worker Entity Settings* page is similar to the *Client Entity Settings* page.



- Enter the worker's First Name and Last Name.
- Select the worker's Gender from the drop down box.
- Enter the worker's Birth Date in mm/dd/yyyy format.
- If the provider chooses, an External Worker ID can be entered. Many providers already have an ID number for their workers and want to capture that information here.
- Enter additional information in the appropriate fields if desired.

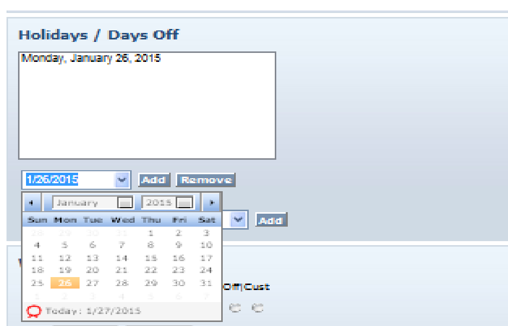
	Provider *is automatically populated with the name of the provider that corresponds to the user who is presently logged into AuthentiCare and creating this worker. <u>Do not use the "Add Provider" button.</u>*

- Enter the following schedule information, if desired.

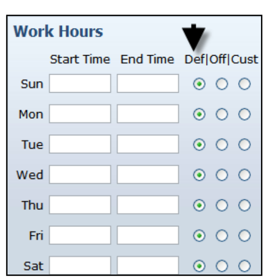


	Entering details in this section causes warning notices to display if the provider attempts to schedule a worker for a planned day off. For details on scheduling, refer to the Chapter 9, Scheduling.

- Providers may choose to add **Holidays/Days Off** for each worker to assist with scheduling.
  - To add a single day: Type in the **Date** OR choose a date from the calendar, then click **Add**.
  - To add a date range: Enter a **From Date** and **To Date** OR choose the dates from the calendars, and then click **Add**.

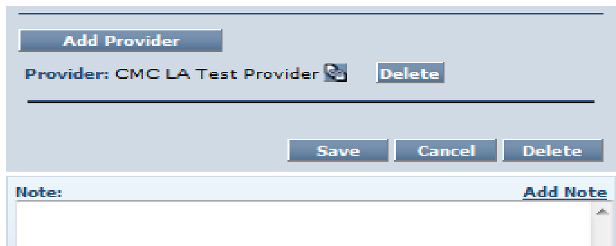


- Providers may choose to **Work Hours** for the worker.
  - To apply the **default hours** to the worker, no change is needed.

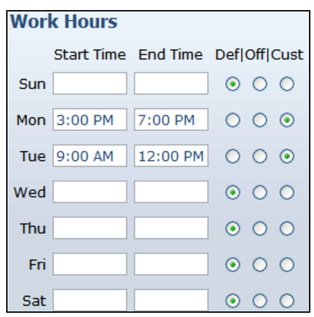


The default (Def) hours are the work hours of the provider and AuthentiCare automatically checks the circles in the column labeled "Def" for each day.

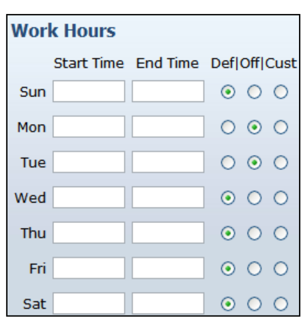
To see the hours set for the provider, click on the link icon next to the provider's name. Clicking this icon displays the Provider Entity Settings *page.*



- To **enter hours** that differ from the provider's work hours for one or more days of the week:
  - Check the circle in the column labeled "**Cust**" (for Custom)
  - Enter the **Start Time** and **End Time** in the fields provided. Be sure to indicate AM or PM for each entry.



- To **establish ongoing days off** (for example if the worker never works on Monday or Tuesday):
  - Check the circle in the column labeled "**Off**".

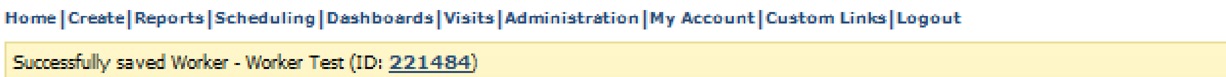


- Click **Save/Create Another** at the bottom of the page, to save the worker and create another worker.

  OR

- Click **Save**, to save the worker and return to the *Home* page.

A successful save message displays at the top of the page indicating the worker was saved successfully.

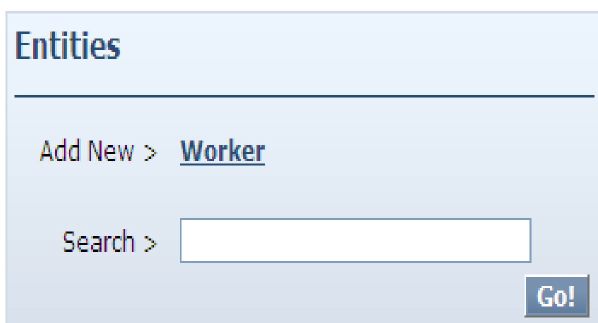


	The worker ID appears in this message. The worker must use this ID when calling the IVR or Mobile from the client's home. Be sure to record this ID on the Worker Instruction sheet to be supplied to the worker. The ID can also be found by viewing the Worker Entity Setting page.

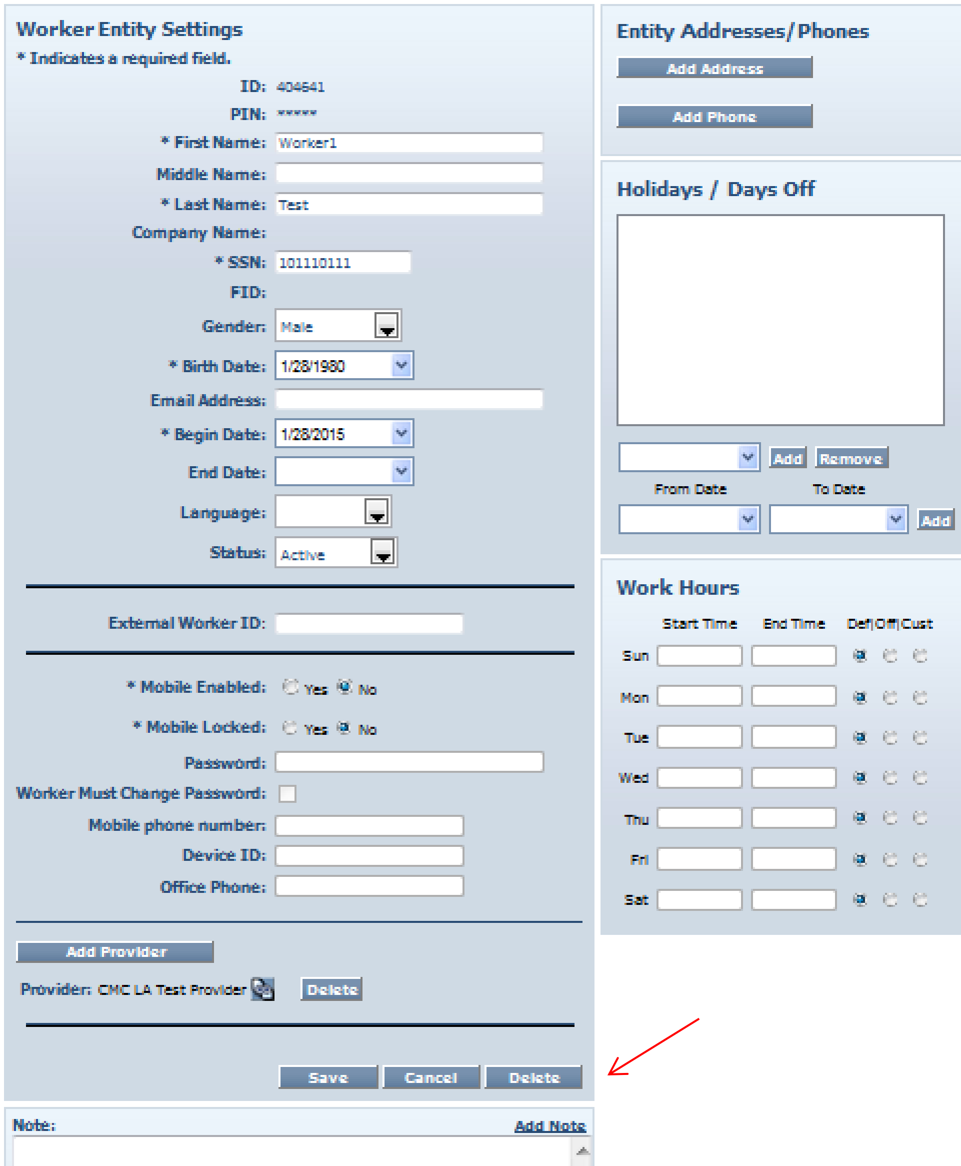
6.2 DELETING A WORKER

If a worker is entered in error, the worker can be deleted from the system, *but this must be done immediately after the mistake is made.* Once an event is scheduled or a claim is created for this worker, the worker cannot be deleted.

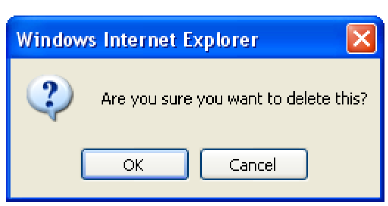
- Search for the worker you wish to delete according to the instructions in Section 4.4.



The *Worker Entities* Settings page displays.

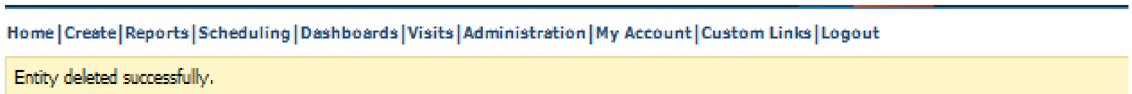


- Click **Delete**.
- The system asks you to confirm the deletion. By clicking **OK**, the worker is permanently deleted from the system. If you do not wish to proceed with permanently deleting the worker, then click **Cancel**.

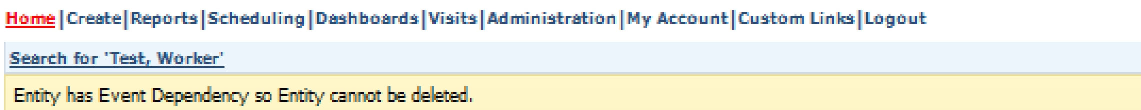


- Click **OK** to permanently delete this entity.

Return to the **Home** page. A message displays in the upper left hand corner confirming the deletion.

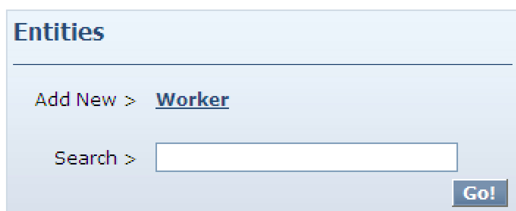


If the worker you attempted to delete had any other relationships in the system, then an error message will display informing you that the deletion was not completed.

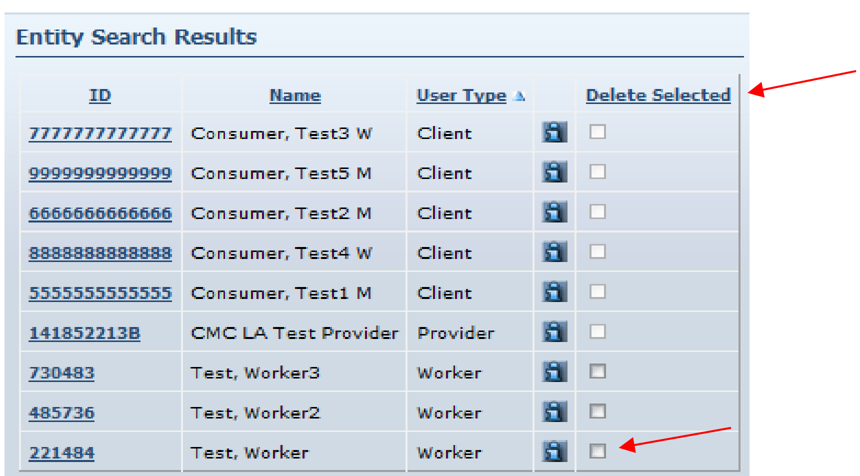


OR

- Enter a name, partial name or ID in the **Search** field and click **Go!**



The *Entity Search Results* page displays with the results of your search.

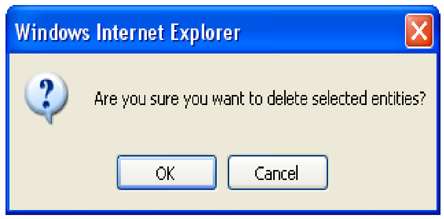


ID	Name	User Type		Delete Selected
7777777777777	Consumer, Test3 W	Client		
9999999999999	Consumer, Test5 M	Client		
6666666666666	Consumer, Test2 M	Client		
8888888888888	Consumer, Test4 W	Client		
5555555555555	Consumer, Test1 M	Client		
141852213B	CMC LA Test Provider	Provider		
730483	Test, Worker3	Worker		
485736	Test, Worker2	Worker		
221484	Test, Worker	Worker		

- Click the checkbox in the **Delete Selected** column.

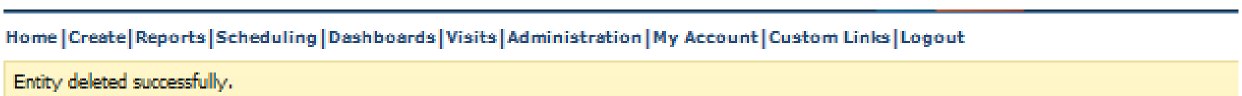
- Click the **Delete Selected** column heading to delete the worker you wish to delete.

The system asks you to confirm the deletion. By clicking **OK**, the worker is permanently deleted from the system. If you do not wish to proceed with permanently deleting the worker, then click **Cancel**.

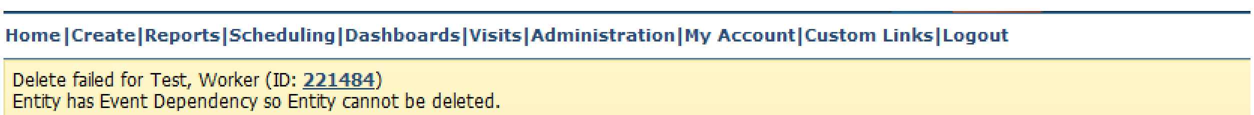


- Click **OK** to permanently delete this worker.

You return to the *Home* page. A message displays in the upper left hand corner confirming the deletion.



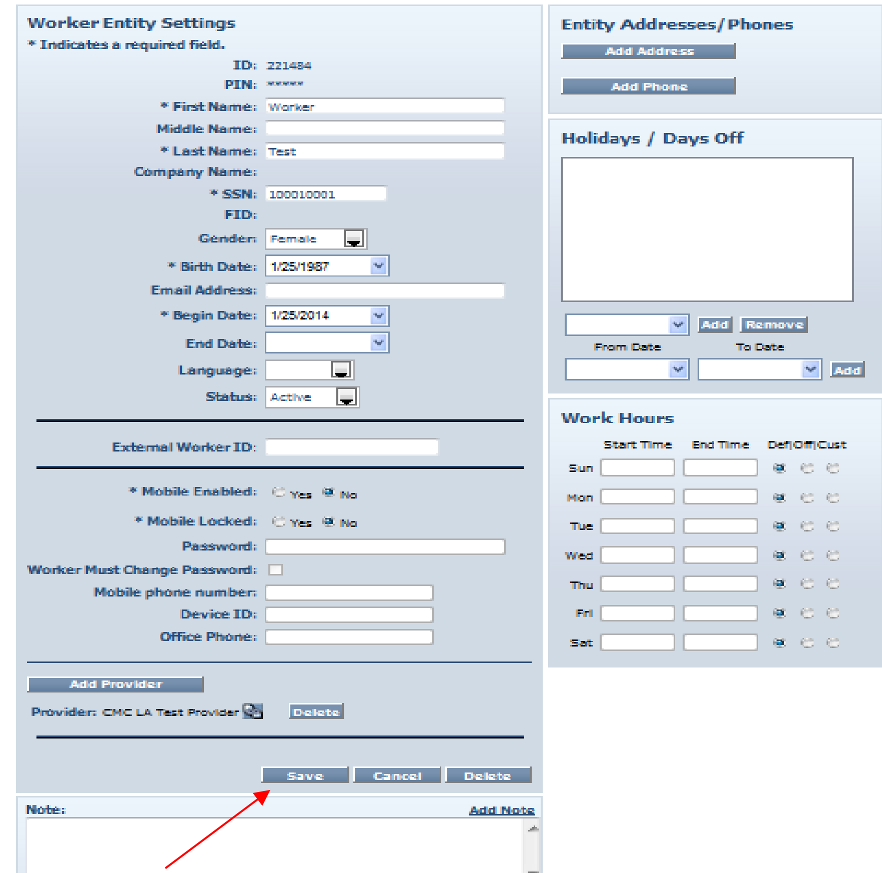
If the worker you attempted to delete had any other relationships in the system, then an error message will display informing you that the deletion was not completed.



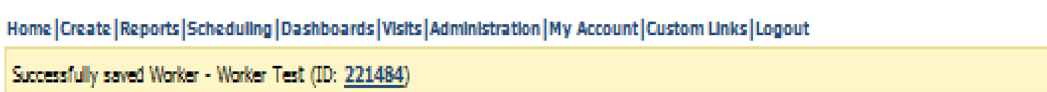
6.3 Editing Workers

- Search for the worker you wish to edit according to the instructions in Section 4.4.

The *Worker Entities Settings* page displays.



- Verify, and if needed, update the appropriate fields such as **First Name, Last Name,** to save the worker and return **Gender, Birth Date,** and scheduling information. Click **Save** at the bottom of the page to save the worker and return to the *Home* page.
- A successful save message displays at the top of the page indicating the worker was saved successfully.



6.4 SUSPENDING/INACTIVATING/END-DATING A WORKER

A worker cannot be deleted once there are any relationships created for the worker. *In other words, if a worker has been scheduled for an event or if a claim has been created for which the worker provided the service, then the worker cannot be deleted from AuthentiCare.* If the worker no longer works for the provider or simply will not be providing services any longer, there are three options for editing the worker file:

- Change the worker's status to "suspend". The worker cannot use the IVR but claims can be entered via the Web. All claims (pending and new) will show a critical exception that the worker is not eligible.

- Change the worker's status to "inactive". The worker can still use the IVR and have claims entered via the Web but all claims (pending and new) will show a critical exception that the worker is not eligible.

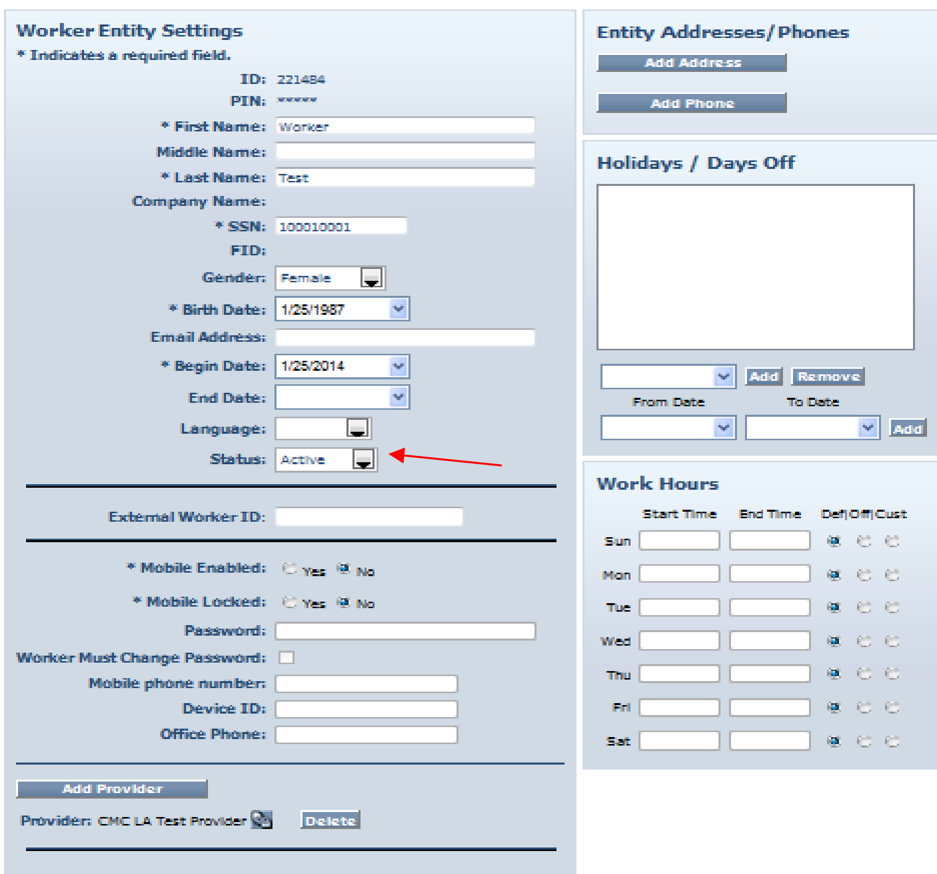
- Populate the "End Date" field on the worker's screen. *The worker can still use the IVR and have claims entered via the Web.* Claims with a Date of Service (DOS) prior to the end date will be processed normally. Claims with a DOS after the end date will generate a critical exception that the worker is not eligible.

At any time the "End Date" can be removed or the worker's status and changed back to active, making the worker again eligible to provide services. This also removes the "worker not eligible" critical exception from pending claims.

To change Status from suspend/inactive/end-date a worker:

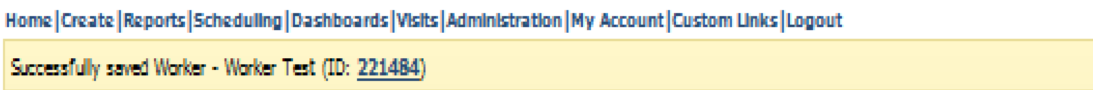
- Search for the worker you wish to inactivate according to the instructions in Section 4.4

The *Worker Entities Settings* page displays.



- Change **Status** to Suspend or Inactive and/or enter an End Date.
- Click **Save** at the bottom of the page to save the worker and return to the *Home* page.

  A successful save message displays at the top of the page indicating the worker was saved successfully.



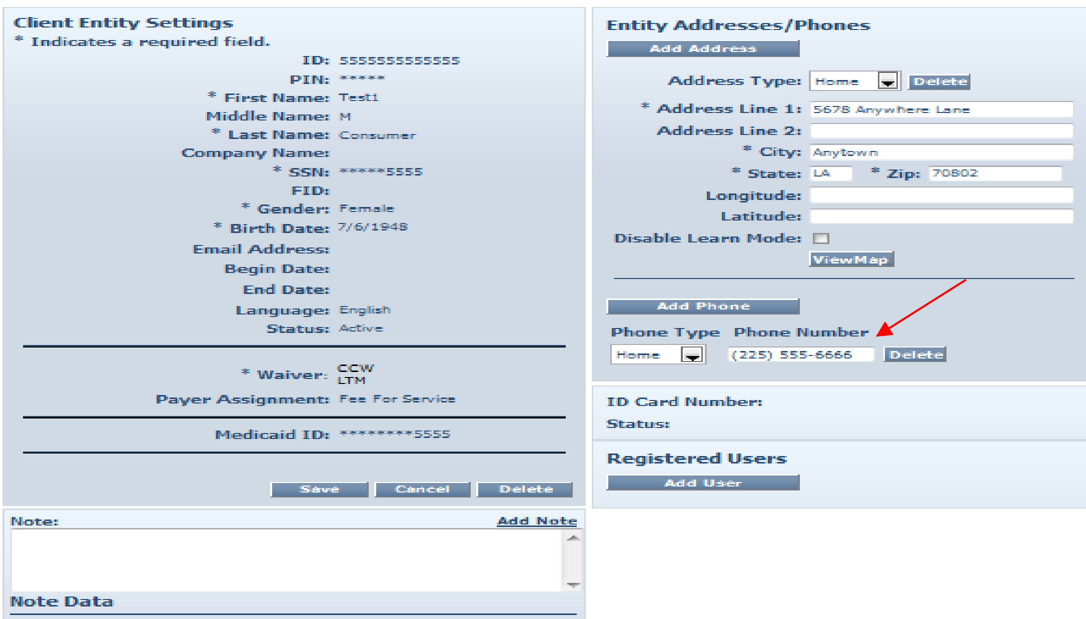
If a worker is rehired, that worker should not be re-entered because the worker still exists in the system. Instead, the ***Status*** *should be changed back to Active and/or the End Date removed.*

CHAPTER 7 MANAGING CLIENT INFORMATION

Members are referred to as clients in AuthentiCare. Client data sent by SRI is imported into the AuthentiCare system. State administrators verify the client list and confirm that a correct address and correct telephone number(s) are provided (unless the client does not have a phone). Providers are also to verify clients' telephone number and address, and have access to add additional phone numbers and addresses as needed.

- Search for the client you wish to edit according to the instructions in Section 4.3.

  The *Client Entity Settings* page displays:

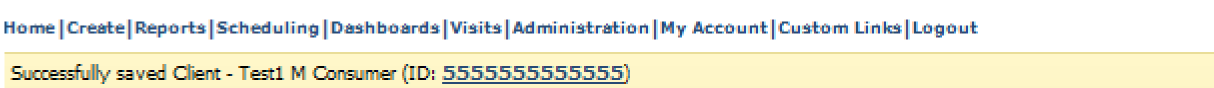


Verify the **Address and Phone Number** for the client.

The telephone number listed is the one AuthentiCare will use to verify if the worker is calling from the client's home.

- Click **Save** at the bottom of the page to save the client and return to the *Home* page.

A successful save message displays at the top of the page indicating the client was saved successfully.



Chapter 8 Search and View Authorizations

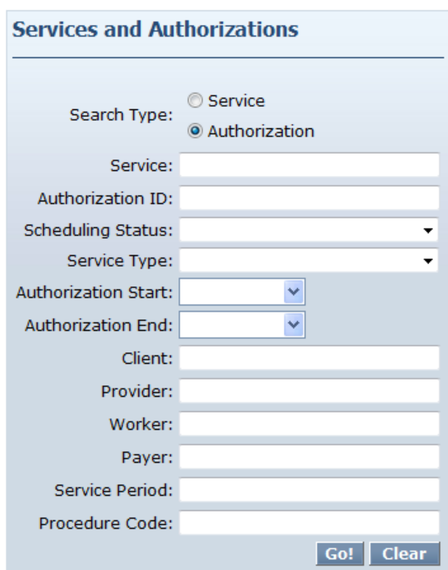
A service to be provided for a client must have a valid authorization documented in AuthentiCare in order to be scheduled and for the claim to be submitted for payment.

	A worker can use the IVR to record services without a valid authorization in AuthentiCare. A claim will be created but will have a critical exception and will not be submitted for payment until the authorization is in place.

All authorizations for clients are loaded into AuthentiCare through SRI. The provider cannot add a new authorization or edit an existing authorization.

For providers to search and view an authorization:

- Click the **Authorization** radio button in the Services and Authorizations section of the *Home* page.
- Enter search criteria in any of the fields, if desired and click **Go!**



The search results display all authorizations which match the search criteria entered on the *Home* page.

Authorizations

Event Actions	ID	Service ID	Client	Provider	Worker	Payer	Service Period	Effective Dates	
Units Remaining: 0	66666666201	LTPCS (LTPCST1019UB)	Consumer, Test2 M (6666666666666)	CMC LA Test Provider (141852213B)		Fee For Service (FFS)	Weekly	01/01/2015 - 12/31/2015	
Units Remaining: 5	77777777701	LTPCS 2 (LTPCST1019UN)	Consumer, Test3 W (7777777777777)	CMC LA Test Provider (141852213B)		Fee For Service (FFS)	Weekly	01/01/2015 - 06/30/2015	
Units Remaining: 10	88888888101	ADHC LTPCS (ADHCT1019UB)	Consumer, Test4 W (8888888888888)	CMC LA Test Provider (141852213B)		Fee For Service (FFS)	Weekly	01/01/2015 - 06/30/2015	
Units Remaining: 10	88888888201	LTPCS 3 (LTPCST1019UP)	Consumer, Test4 W (8888888888888)	CMC LA Test Provider (141852213B)		Fee For Service (FFS)	Weekly	01/01/2015 - 09/30/2015	
Units Remaining: 10	55555555101	PAS AM (CCWAS5126UF)	Consumer, Test1 M (5555555555555)	CMC LA Test Provider (141852213B)		Fee For Service (FFS)	Weekly	01/01/2015 - 12/31/2015	

*If nothing is entered in the **Search** field, then all entities will be returned in your search results. Finding just one client or worker in the list will take longer than searching for one entity.*

Note the columns displayed in the search results:

- **Event Actions** – Click the Schedule Event icon to schedule an event for this authorization. Refer to Chapter 9, Scheduling, for further instructions. This column also indicates how many units remain in the authorization by comparing the total number of units authorized and the total number of units scheduled. This is not a comparison with the units actually provided to date but with those scheduled to date.
- **ID** – Click the ID hyperlink to view/edit the *Authorization Settings* page for this Authorization. Proceed to Step 7.
- **Service ID** – Identifies the service and its service code
- **Client** – Identifies the client and the client ID
- **Provider** – Identifies the provider assigned to the authorization and the provider's ID
- **Worker** - Field is blank as authorizations are issued to the provider, not the provider's individual workers.
- **Payer** – Identifies who issued the authorization, Louisiana Medicaid
- **Service Period** - Identifies the service limits for different service ranges like weekly, quarterly etc.

- **Effective Dates** – Identifies the start and end dates of the authorization

- Click the column heading if you wish for the search results to sort using a different column than the default, which is the ID (Authorization) column in ascending order. Click the heading once to change the sort to descending order for that column. Click the heading again to change it to ascending order for that column.

- Position the cursor over the **Information icon** to display an Additional Information pop-up about the authorization.

Authorizations

Event Actions	ID	Service ID	Client	Provider	Worker	Payer	Service Period	Effective Dates
Units Remaining: 0	66666666201	LTPCS (LTPCST1019UB)	Consumer, Test2 M (6666666666666)	CMC LA Test Provider (141852213B)		Fee For Service (FFS)	Weekly	01/01/2015 - 12/31/2015
Units Remaining: 5	77777777701	LTPCS 2 (LTPCST1019UN)	Consumer, Test3 W (7777777777777)	CMC LA Test Provider (141852213B)		Fee For Service (FFS)	Weekly	01/01/2015 - 06/30/2015
Units Remaining: 10	88888888101	ADHC LTPCS (ADHCT1019UB)	Consumer, Test4 W (8888888888888)	CMC LA Test Provider (141852213B)		Fee For Service (FFS)	Weekly	01/01/2015 - 06/30/2015
Units Remaining: 10	88888888201	LTPCS 3 (LTPCST1019UP)	Consumer, Test4 W (8888888888888)	CMC LA Test Provider (141852213B)		Fee For Service (FFS)	Weekly	01/01/2015 - 09/30/2015
Units Remaining: 10	55555555101	PAS AM (CCWAS5126UF)	Consumer, Test1 M (5555555555555)	CMC LA Test Provider (141852213B)		Fee For Service (FFS)	Weekly	01/01/2015 - 12/31/2015
Units Remaining: 9	66666666101	PAS PM (CCWAS5126UH)	Consumer, Test2 M (6666666666666)	CMC LA Test Provider (141852213B)		Fee For Service (FFS)	Weekly	01/01/2015 - 12/31/2015
Units Remaining: 4	99999999101	ADHC LTPCS 3 (ADHCT1019UP)	Consumer, Test5 M (9999999999999)	CMC LA Test Provider (141852213B)		Fee For Service (FFS)	Weekly	01/01/2015 - 12/31/2015
Units Remaining: 10	55555555201	LTPCS (LTPCST1019UB)	Consumer, Test1 M (5555555555555)	CMC LA Test Provider (141852213B)		Fee For Service (FFS)	Weekly	01/01/2015 - 12/31/2015

Additional Information

ID:	55555555201
Service Type:	Time Based
Exported:	True

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First Data Privacy Policy

- Click on the **ID** hyperlink in the **ID** column to view the authorization.

The *Authorization Settings* page displays.


Authorization Settings

* Indicates a required field.

Service Information

Service ID:	CCWAS5125	Service Type:	Time Based
Name:	PAS	Procedure Code:	S5125
Description:	PAS		

ID:	12340002001
Client:	Client21, Test
Provider:	Test Provider 234000255- ADHC
Worker:	
Effective Date Start:	11/1/2014
Effective Date End:	10/31/2015
Service Period:	Weekly
Authorization Number:	123400020
Diagnosis Qualifier:	
Diagnosis Code:	
* Total Units:	10
* Grand Total Units:	560
* Rate:	2.7900
Payer Assignment:	
Submitted Units:	
SRI Blocked Units:	
* High Need:	Yes
* Override:	0
PostAuthInserted:	

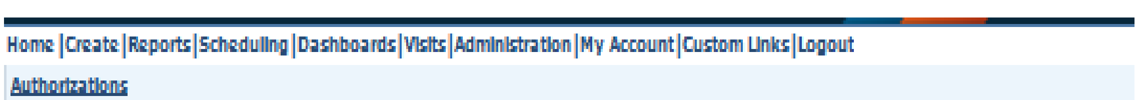
Cancel

Note Data

Note the fields associated with the units on the Authorization Page:

- **Total Units**: Number of units of service authorized during the service period (weekly, Sunday - Saturday).
- **Grand Total Units**: Number of units for the entire authorization span.
- **SRI Blocked Units**: Number of units sent by SRI to "block" the authorized units from being sent to Molina by AuthentiCare.
- **Submitted Units**: Number of units for submitted claims.

Click Cancel to return to the Authorization Search Page or click "Authorizations" found directly under the toolbar.



CHAPTER 9 SCHEDULING

Providers with AuthentiCare Louisiana DHH are mandated to use the scheduling function for clients categorized as "High Need."

A scheduled visit is called an event. Each event must be linked to an authorization. Events may only be scheduled for authorized client/service/provider combinations. AuthentiCare tracks the number of units available for scheduling in each authorization and notifies the scheduler if an event exceeds the number of units available for scheduling. AuthentiCare also allows providers to schedule back up workers for events.

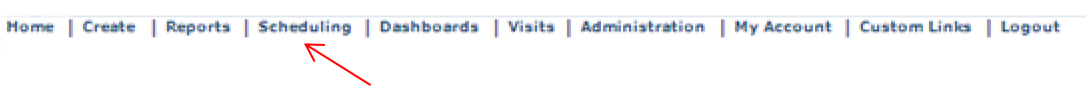
AuthentiCare compares the scheduled events to the actual check in and check out times of the worker and alerts the provider via email if a worker is late or if an event is missed. If a worker is scheduled for an event on a regularly occurring day off, AuthentiCare displays a warning message alerting the scheduler to this conflict. The scheduler may choose to change the event or to save it even though a conflict exists. AuthentiCare scheduled warnings are meant to assist schedulers, but not prevent the scheduler from scheduling an event with a conflict.

This chapter is designed to help you schedule non-recurring and recurring events. Additionally, it helps you search for an event, view an event, maintain events, and acknowledge a missed event when a worker misses a scheduled event.

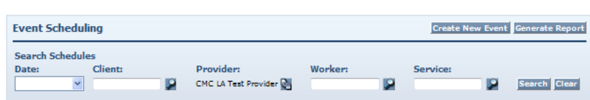
9.1 USING THE CALENDAR

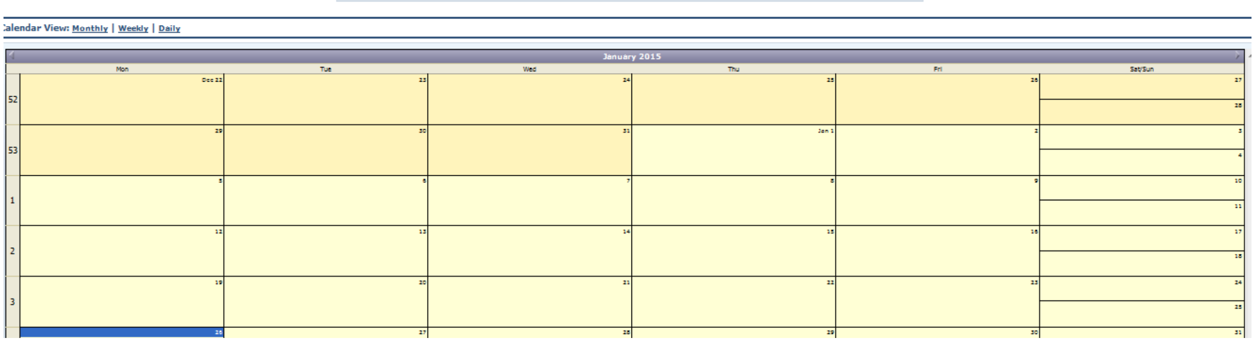
AuthentiCare allows you to view your calendar of events by the month, week or day. This section describes the three views.

- Select Scheduling from the tool bar.



- The *Event Scheduling* page displays with the calendar.



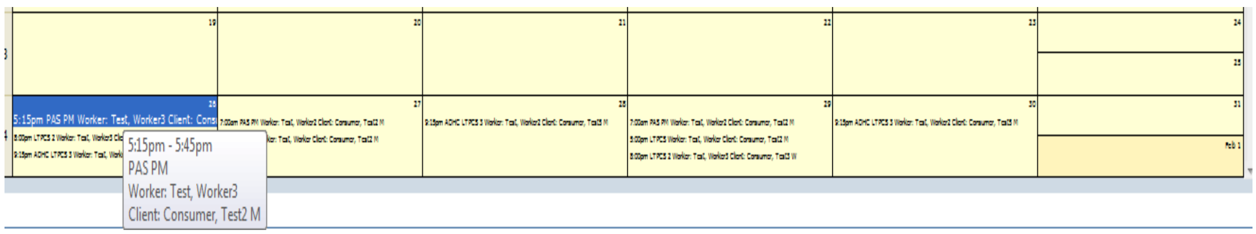


By default the calendar is displayed in monthly view with events in Central Time.

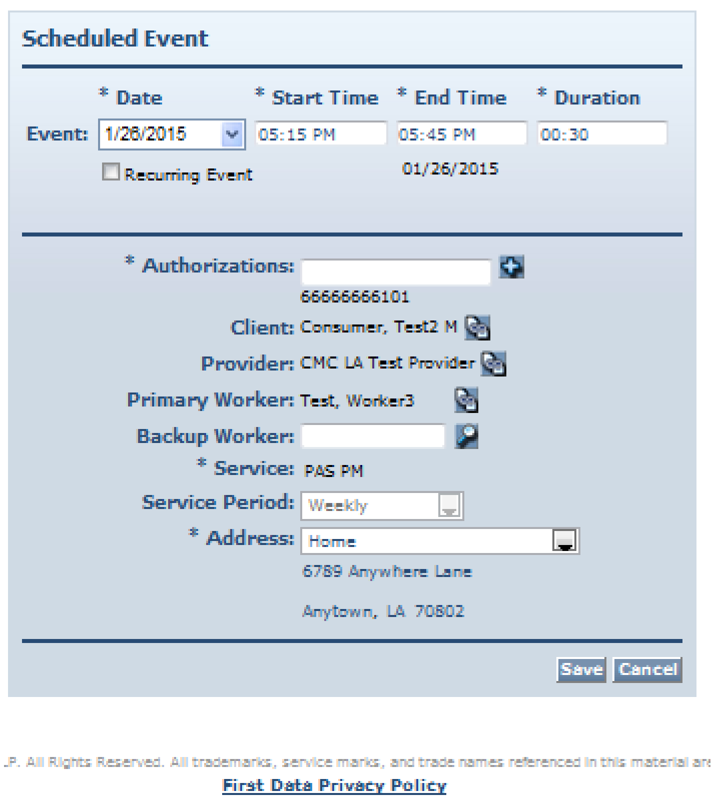
9.1.1 Monthly

The Monthly view of your calendar enables you to view all of the events scheduled for your agency for one month at a time. This is the default setting and the view you initially see when navigating to this page.

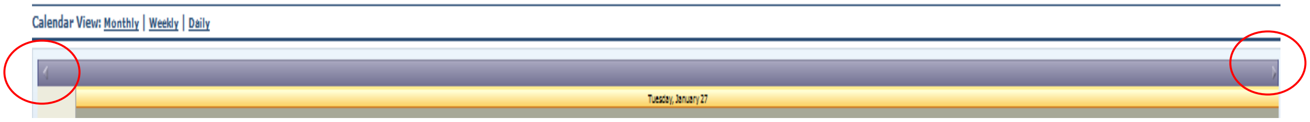
- Position the cursor over the **event** and a pop-up box with additional detail displays.



- Double click on an **event** to view all of the event information.

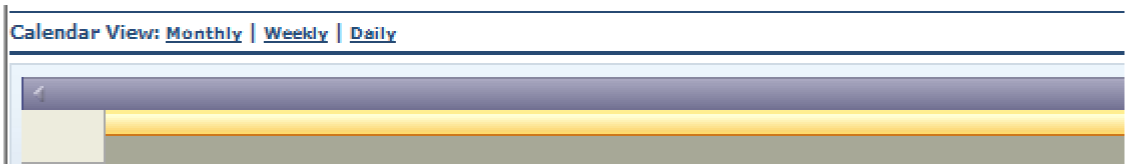


- Click **Eventscheduling** in the top left corner of the page to return to the calendar or click the Back button on the browser.
- Click the left and right arrows in the date display bar to view the month before or the month after this date.

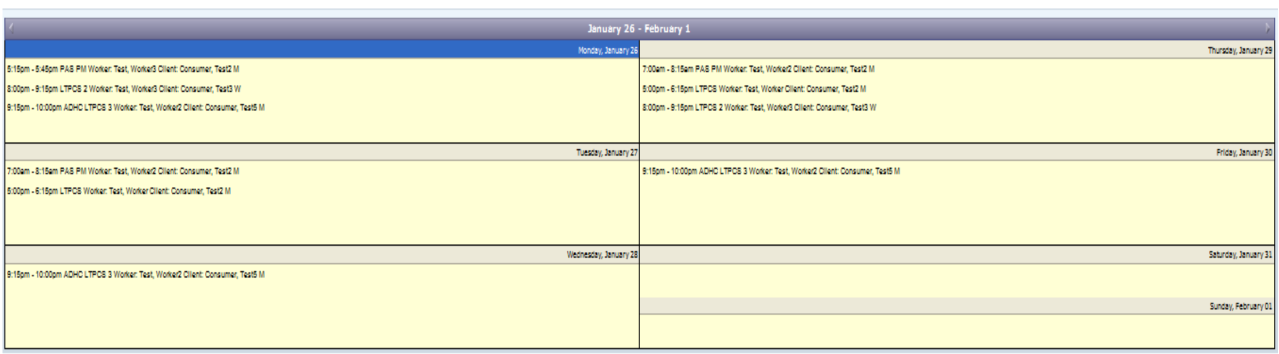


9.1.2 WEEKLY

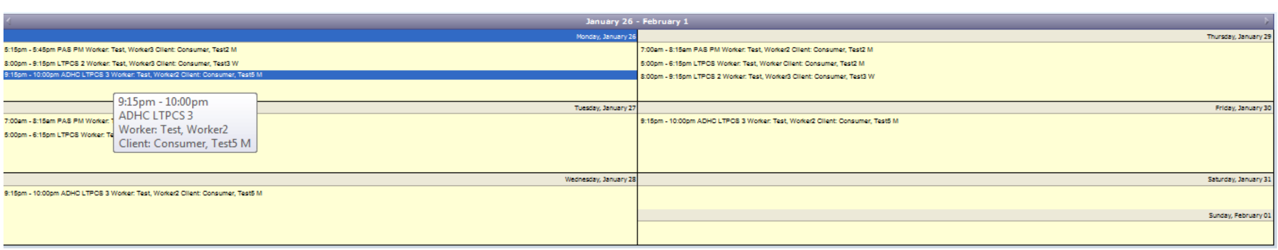
- The Weekly view of your calendar enables you to view all of the events scheduled for your agency for one week at a time.
- From the *Monthly* view, **click a day in the week** you would like to view.
- Click the **Weekly** link above the calendar.



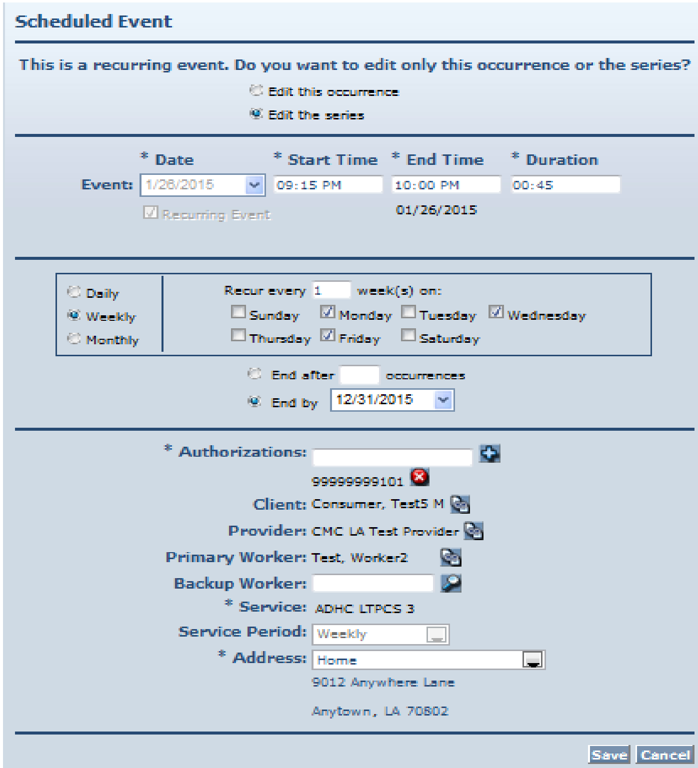
The week schedule that includes the day you selected displays.



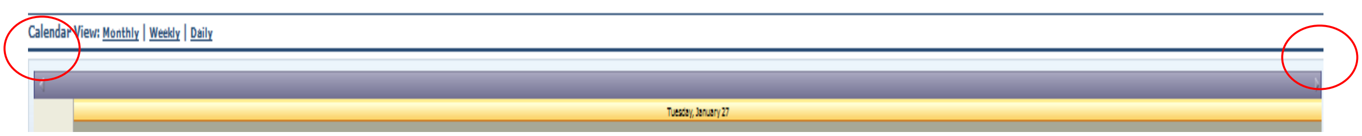
- Position the **cursor over the event** and a pop-up box with additional detail displays.



- Double click on an event to display the *Scheduled Event* page and see the details of the event.



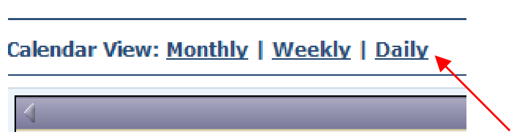
- Click **Eventscheduling** in the top left corner of the page to return to the calendar or click the Back button on the browser.
- Click the left and right arrows in the date display bar to view the week before or the week after this date.



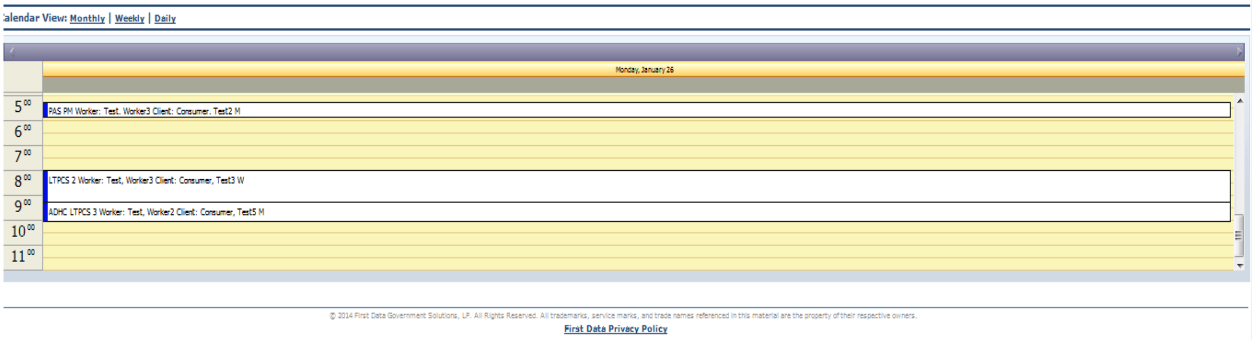
9.1.1 Daily

The Daily view of your calendar enables you to view all of the events scheduled for your agency for one day at a time.

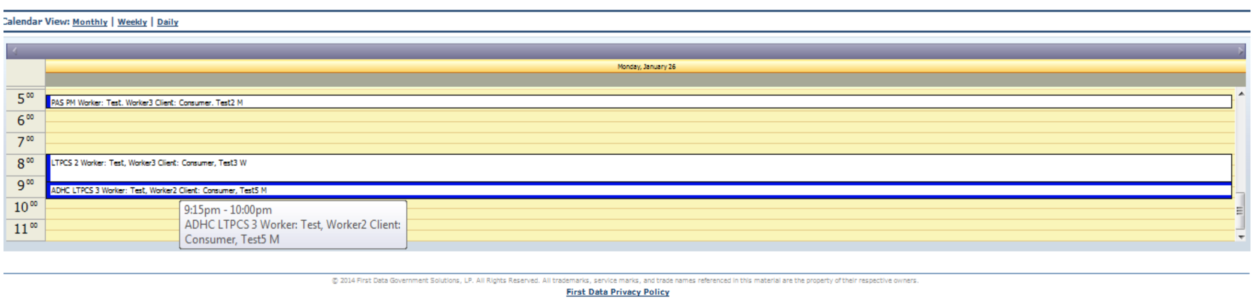
- From the *Monthly* view, **click a day** you would like to view, or from the *Weekly* view, **click a day** you would like to view.
- Click the **Daily** link above the calendar.



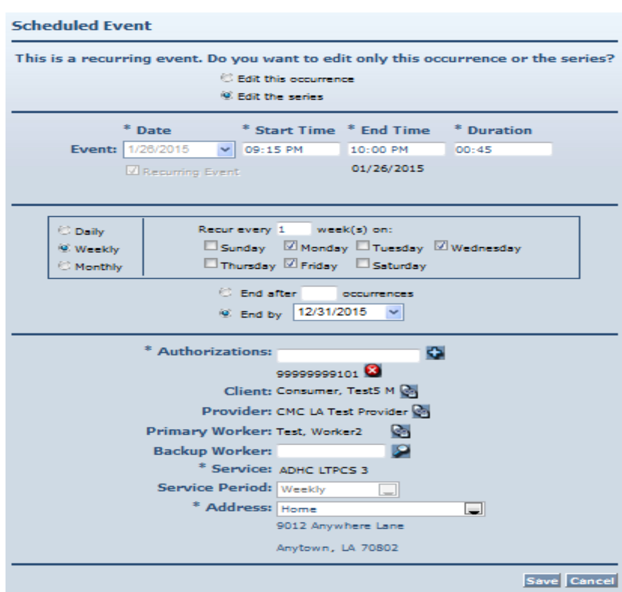
The day displays in hourly increments.



- Position the **cursor over the event** and a pop-up box with additional detail displays.

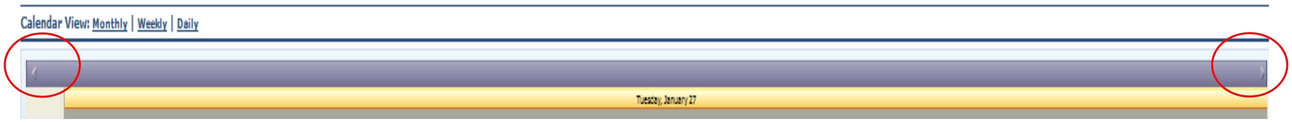


- Double click on an event, to see the details and display the *Scheduled Event* page.



- Click **Eventscheduling** in the top left corner of the page to return to the calendar or click the Back button on the browser.

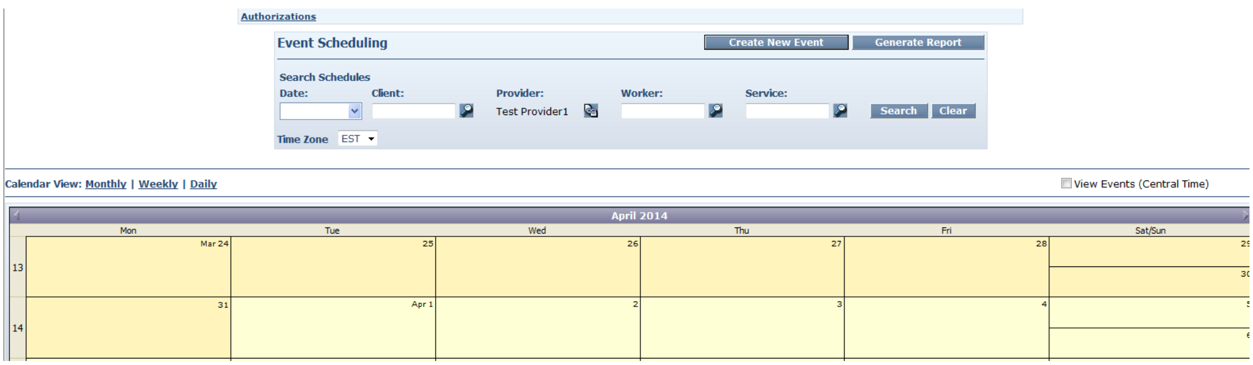
- Click the left and right arrows in the date display bar to view the day before or the day after this date.



9.2 Searching for Scheduled Events in the Calendar

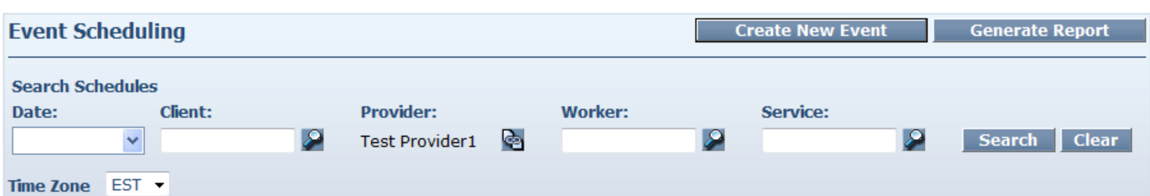
After an event has been scheduled, you are able to search for this event in the calendar. AuthentiCare provides a variety of options for searching for an event in the calendar.

- Navigate to the *Event Scheduling* page.



- Enter at least one of the following **search criteria** to locate event(s) in the calendar.
- Each search criteria field is described below:

  a. Enter a **Date** (mm/dd/yyyy) or click the down arrow and select the date from the calendar, then click **Search**.



  The calendar displays events from this date forward.

  b. Enter the **Client** ID, full name or partial name and click the **Looking Glass icon** to find the client, and then click **Search**.

  The calendar displays all the events scheduled for this individual.

c. Enter the **Primary Worker** ID, full name or partial name and click the **Looking Glass icon** to find the worker, and then click **Search**.

   The calendar displays all the events scheduled for this person.

d. Enter the **Service** name or partial name and click the **Looking Glass icon** to find the services, and then click **Search**.

   The calendar displays all the events scheduled for this Service for your agency.

e. By default, the Time Zone is set to CST, which displays all the events in Central Time.

	The more search criteria you enter, the more narrow the search results. Be aware, there is the potential no results will display because some of the criteria may conflict.

	*Click **Clear,** if you have entered incorrect information in the search criteria fields at any time or would like to start a new search.*

9.3 Scheduling an Event

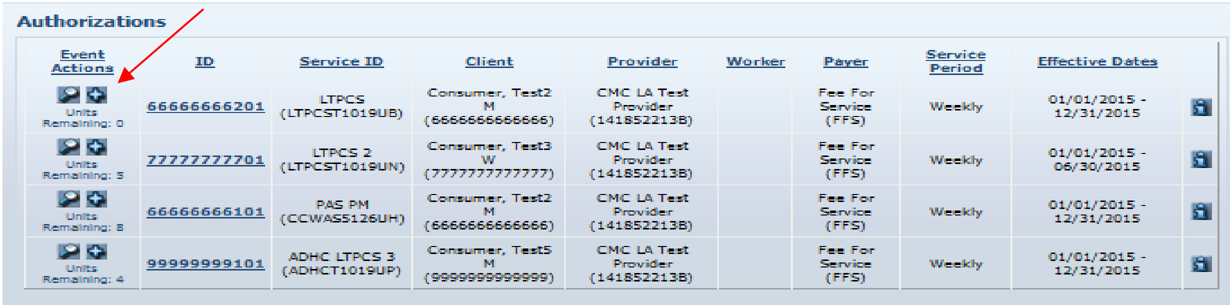
Events are the visits the worker makes to the client to deliver an authorized service. Events can be of varying durations, at any time of the day and on any day of the week. An event may be a one-time service (non-recurring) or a service that is provided on an ongoing, regularly-scheduled basis (recurring).

9.3.1 Scheduling an Event Using the Authorization

An authorization has been entered in the system and now you are ready to schedule the visit for this client. Follow the instructions below to add the event. These instructions assume you are viewing the *Authorizations* page. Refer to Chapter 8, Managing Authorizations, if you need further instructions about authorizations.

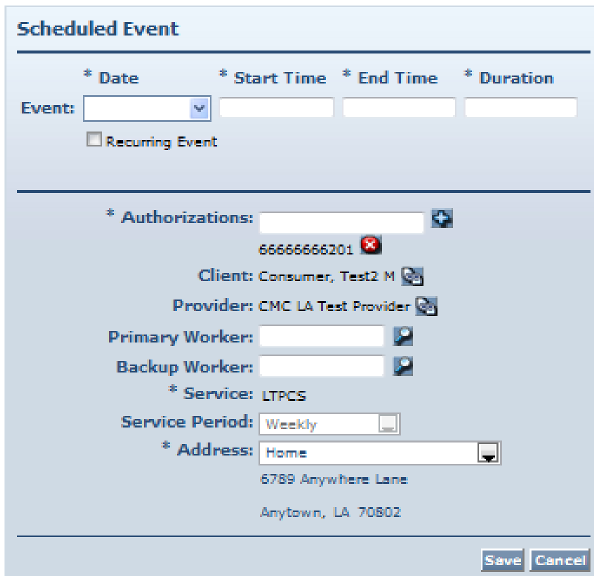
- Click the **Schedule Event icon** for the appropriate authorization on the *Authorizations* page.

Authorizations



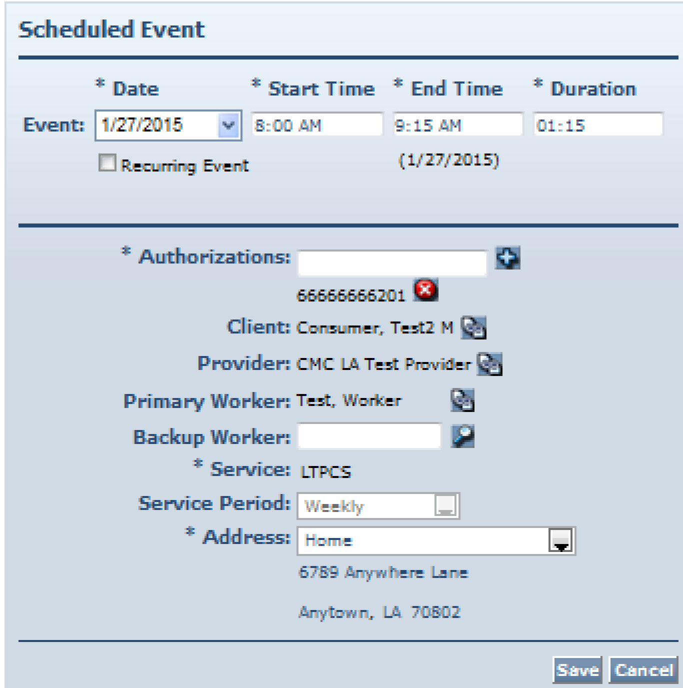
Event Actions	ID	Service ID	Client	Provider	Worker	Payer	Service Period	Effective Dates	
Units Remaining: 0	66666666201	LTPCS (LTPCST1019UB)	Consumer, Test2 M (6666666666666)	CMC LA Test Provider (141852213B)		Fee For Service (FFS)	Weekly	01/01/2015 - 12/31/2015	
Units Remaining: 5	77777777701	LTPCS 2 (LTPCST1019UN)	Consumer, Test3 W (7777777777777)	CMC LA Test Provider (141852213B)		Fee For Service (FFS)	Weekly	01/01/2015 - 06/30/2015	
Units Remaining: 8	66666666101	PAS PM (CCWAS5126UH)	Consumer, Test2 M (6666666666666)	CMC LA Test Provider (141852213B)		Fee For Service (FFS)	Weekly	01/01/2015 - 12/31/2015	
Units Remaining: 4	99999999101	ADHC LTPCS 3 (ADHCT1019UP)	Consumer, Test5 M (9999999999999)	CMC LA Test Provider (141852213B)		Fee For Service (FFS)	Weekly	01/01/2015 - 12/31/2015	

The *Scheduled Event* page displays.



	The Authorization ID number is populated below the ***Authorizations*** *field. Additionally, the* ***Client*** *and* ***Service*** *are completed since you navigated to this page from the* ***Authorizations*** *page. The* ***Provider*** *is populated based on the provider agency associated with the current log in.*

- Enter the **Date** of the event or select a Date from the drop-down calendar.
- Enter **Start and End Times**. Start and end times must include AM or PM. The **Duration** is automatically calculated by AuthentiCare.



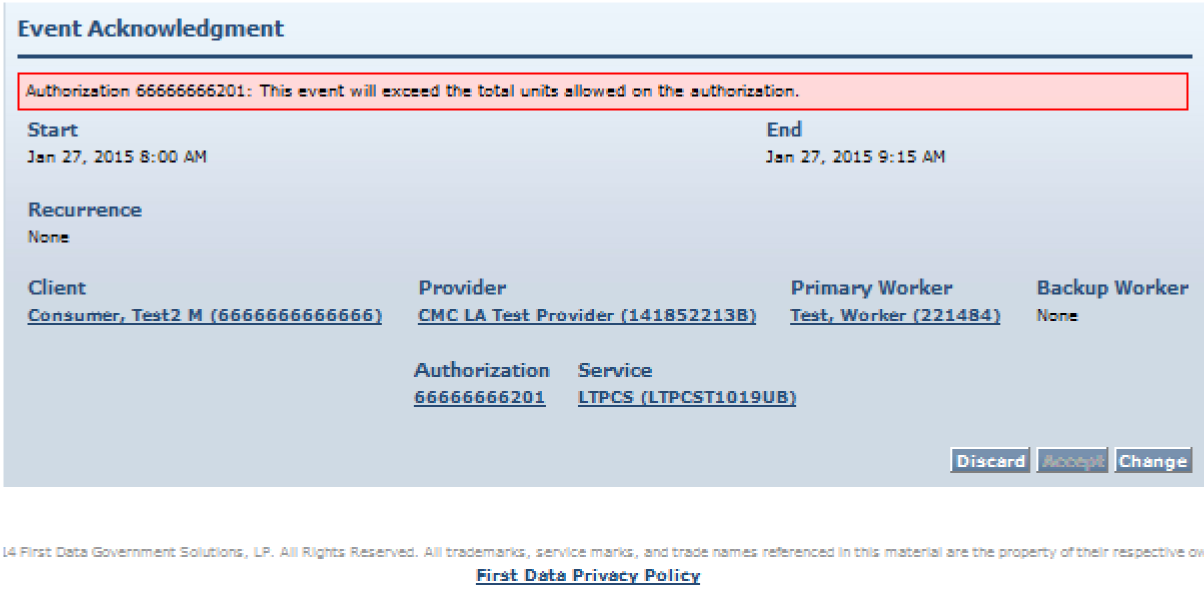
When a worker visits a client one time, or a variety of times not in a normal, repeated schedule, this is considered a non-recurring event. For these types of events, proceed to Step 4. When a worker visits a client on a regular basis, at the same time of the day, this is considered a recurring event. Refer to *Section 9.3.3* for further information.

- Enter the **Primary Worker**. You may enter the worker ID, a full name or partial name. Then click the **Looking Glass icon**. Select the worker from the list displayed. You may leave this field blank if you do not know who will be conducting the service.
- Enter the **Backup Worker**, if applicable. Enter a worker ID, full name or partial name and click the **Looking Glass icon**.
- Click **Save**.

If AuthentiCare discovers scheduling conflicts or issues, a message displays at the top of the page advising the user of the conflict. In this example the event scheduled for January 27, 2015 exceeds the total units remaining for this authorization. The authorization for this event has 0 units remaining, and the event scheduled requires 5-15-minute units; therefore, the message indicates that the event will exceed the total units allowed on the authorization.

DEPARTMENT OF HEALTH AND HOSPITALS

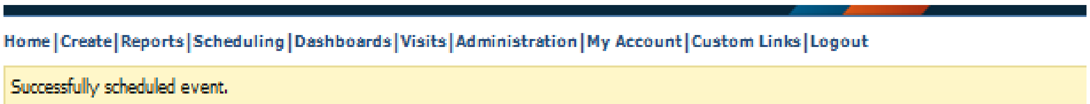
First Data. b>yond the transaction



- Click **Change** to return to the event and change the information, OR
- Click **Accept** to accept the event with the conflict, OR
- Click **Discard** to discard the event and return to the Scheduled Event page.

Messages you may receive when scheduling an event.
• This event will exceed the total units allowed on the authorization. • This event occurs outside the effective dates of the authorization. • This event falls on the worker's day off. • The status of the primary worker is inactive or the event date is outside the effective date range. • The status of the client is inactive or the event date is outside the effective date range. • This event falls outside the range of the worker's assigned business hours. • This event falls outside the range of the backup worker's assigned business hours. • This event falls on a provider holiday. • The status of the provider is inactive or the event date is outside the effective date range. • This event falls on the backup worker's day off. • The status of the backup worker is inactive or the event date is outside the effective date range.

If no scheduling conflicts or issues arise, the *Authorizations* page displays a note at the top of the page indicating the event was scheduled successfully.

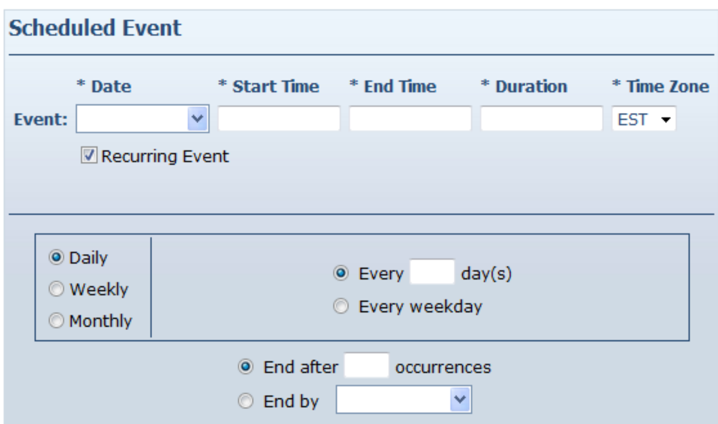


9.3.2 SCHEDULING A RECURRING EVENT

When a worker visits a client on a regular basis, at the same time of the day, the provider can establish an event that occurs repeatedly. This is considered a recurring event. This is an efficient way to schedule as you only have to enter the basic information one time but can use it to populate multiple days.

A recurring event can be created for as long as necessary within the limits set by the authorization.

- Complete **Steps 1 - 3** from Section 9.3.1 or Section 9.3.2.
- Click the **Recurring Event** check box.



The page expands to display scheduling options.

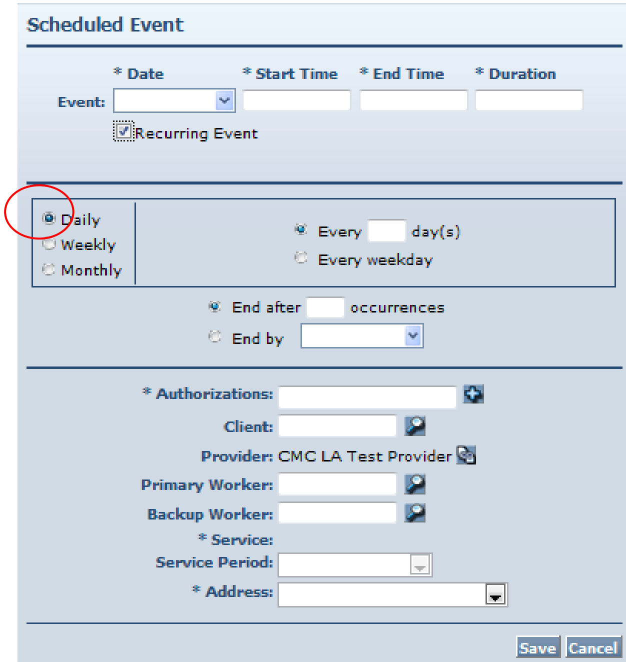
- Follow the steps outlined below to create a Daily, Weekly or Monthly recurring event.

Daily Recurring Event

AuthentiCare defaults to **Daily** recurrence. To schedule an event to occur more than once in the same week, use the Daily occurrence option.

- Select the **frequency** of the recurring event by entering the number of times the event should occur (every 2 days or every 3 days for example) or by choosing every weekday.

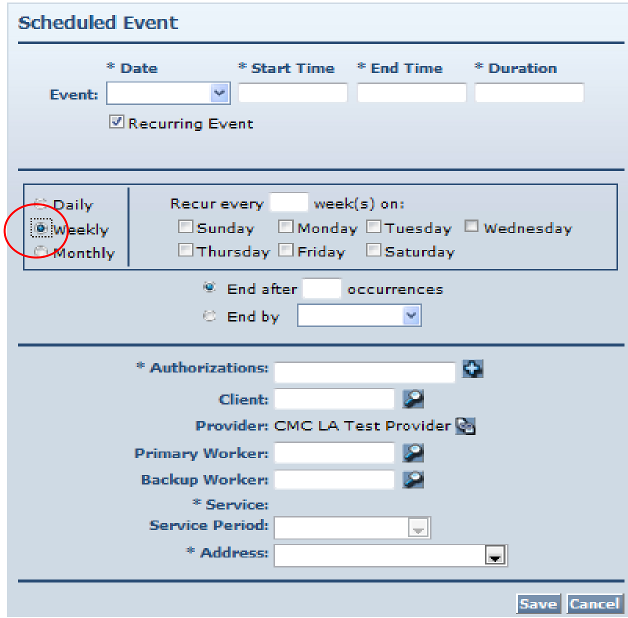
- Enter the **number of occurrences** of the event or enter an **End by** date for the event.



Weekly Recurring Event

To schedule an event to occur on the same day or days for multiple weeks, select the **Weekly** occurrence option.

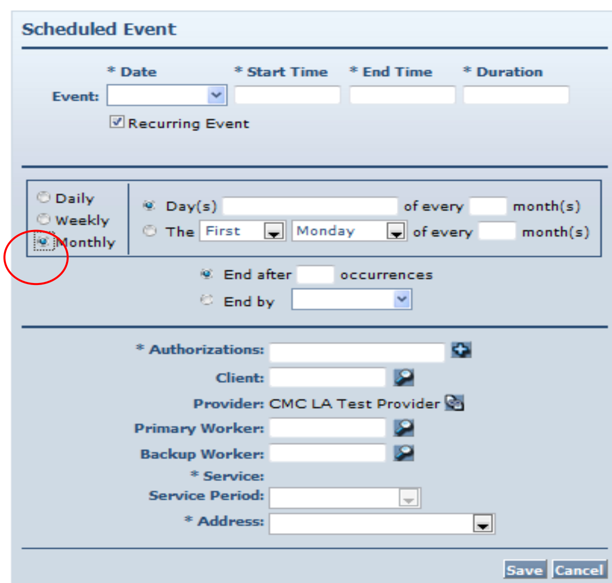
- Select the **frequency** of the event by entering the number of times the event should occur (every week, every 2 weeks for example).
- Select the **day or days** of the week the event should occur.
- Select the **number of times** the event should occur or enter an **End by** date for the event.



Monthly Recurring Event

To schedule an event to occur on a monthly, bi-monthly or quarterly basis, select the **Monthly** occurrence option.

- Select the **frequency** of the event by entering the calendar day of the month (the 15th day of every month or the 1st day of every 2nd month, for example) or by entering the weekday of the month (the 1st Monday of every month or the last Friday of every 3rd month, for example).
- Select the **number of times** the event should occur or enter an **End by** date for the event.



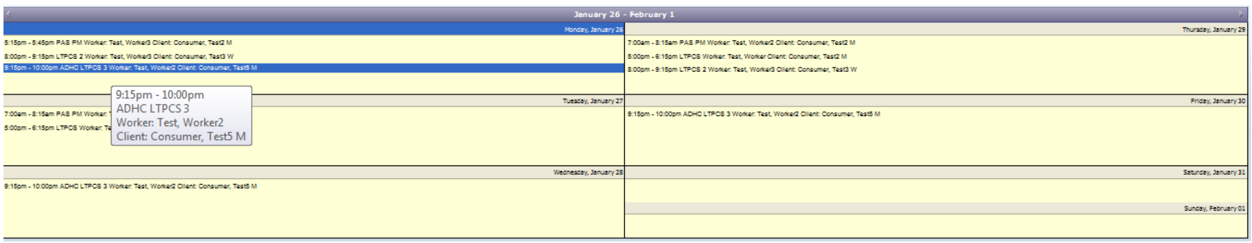
- Proceed with Step 4 in Section 9.3.1or in Section 9.3.2.

9.4 Editing an Event

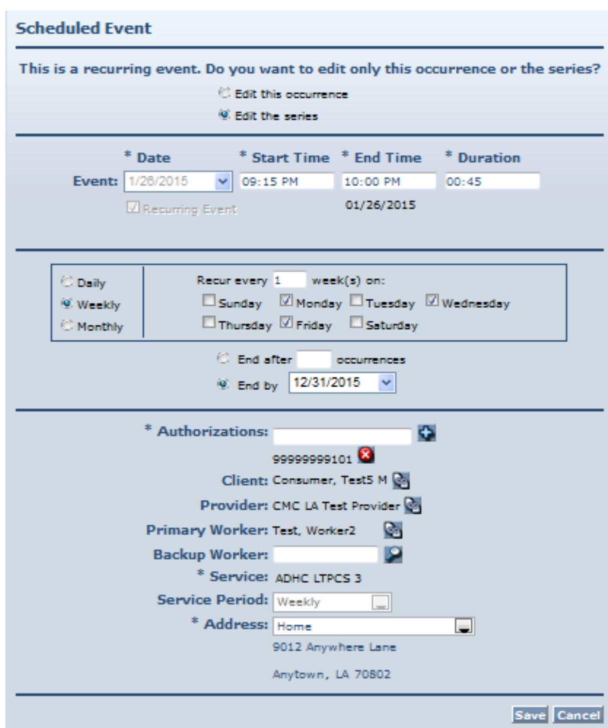
⚠	*The user is allowed to edit the event up to the point where the appointment enters a status of "Late", OR someone checks in for the appointment.*

When information changes for an event, AuthentiCare allows you to make adjustments up to the last minute. The following instructions discuss editing an event **Date**, **Time**, **Client**, and/or **Worker**.

- Click on **Scheduling** from the Main Menu on the *Home* page.

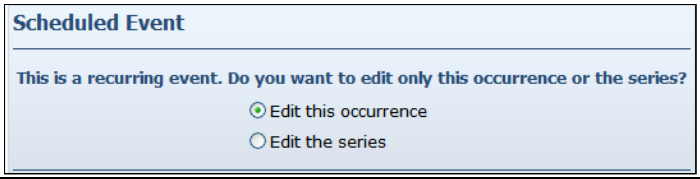


- Find the event on the calendar that needs to be changed (use Search or various views available to do so). Double click on the **event** on the calendar to display the details in the *Scheduled Event* page.

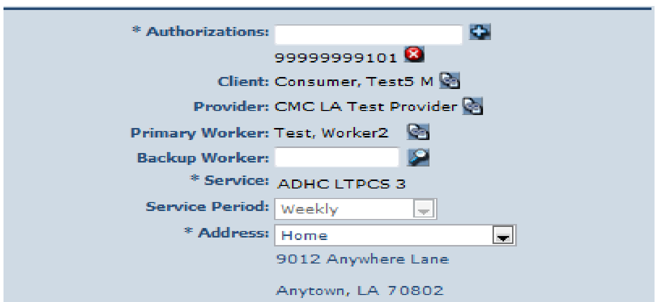


If this is a recurring event, AuthentiCare asks you to confirm whether you are editing the single event or the whole series.

Click **Edit this Occurrence** or **Edit the Series** in the *Scheduled Event* page.



- Click on the **field** for the item to be corrected. Initially it looks like the fields are not editable, but once you click on the field it changes to an editable field.

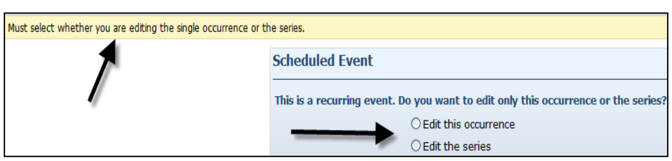


- Enter the new information. Click **Save**.

If this is a recurring event, and you have forgotten to select whether you are editing the single event or the whole series, a message displays.

a. Click **Edit this Occurrence** or **Edit the Series** in the *Scheduled Event* page.

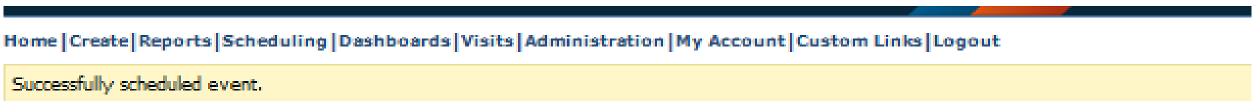
b. Click **Save** again.



- If AuthentiCare discovers scheduling conflicts or issues, a message displays at the top of the page indicating the conflict the system has found. Refer to Section 9.3.1 for further instructions. Along with the message are three options from which to choose for how the system should proceed. Select one of the following three options:
  - Click **Change** to return to the event and change the information, ***OR***
  - Click **Accept** to accept the event with the conflict, ***OR***

- Click **Discard** to discard the event and return to the *Scheduled Event* page.

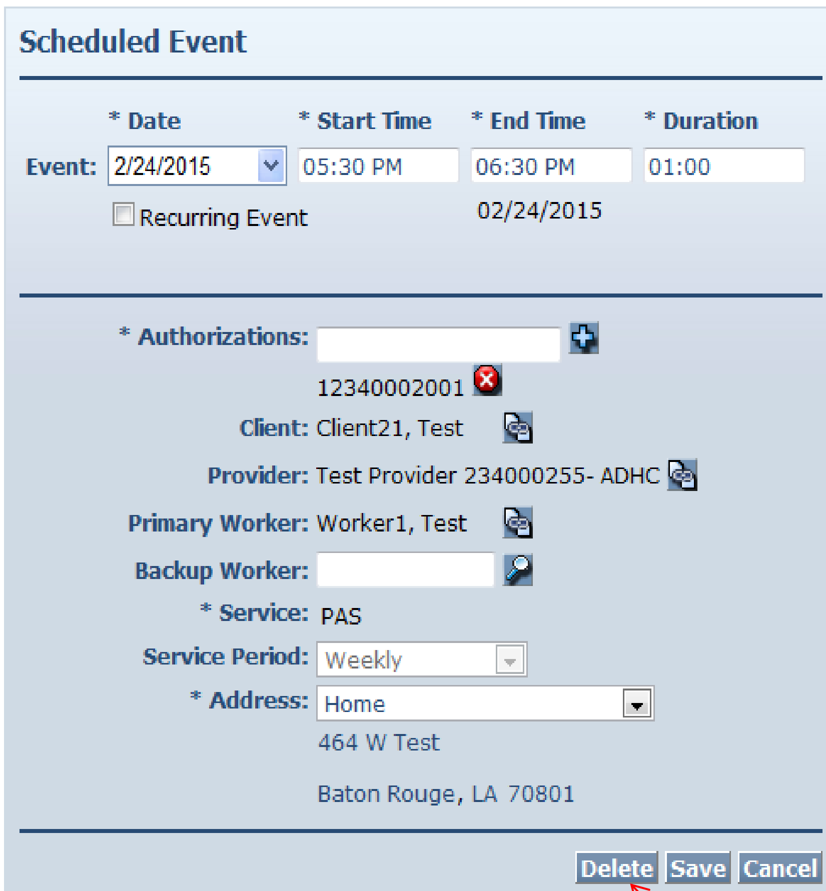
- If no scheduling conflicts or issues arise, a message displays at the top of the page indicating the event was scheduled successfully.



9.5 CANCELLING AN EVENT (DELETING)

If you need to delete an event that means it was either entered in error or needs to be cancelled. Deletions must be done prior to the start time of the event. Once the event start time has passed, the system will not allow you to delete the event.

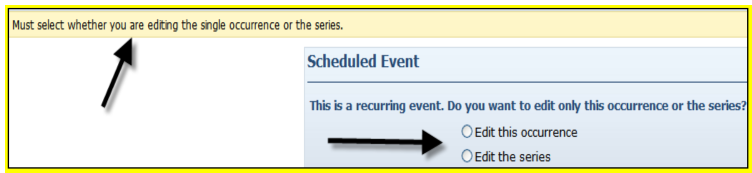
- Double click on the **event** on the calendar to display the details in the *Scheduled Event* page**.**



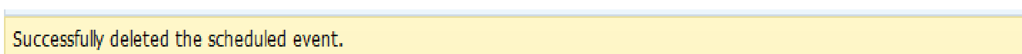
- Click Delete.

	Once you click Delete, the event is permanently deleted. There is no pop up dialog box asking you to confirm the deletion, so prior to clicking Delete, be sure this is the event you want to delete.

If this is a recurring event, and you have forgotten to select whether you are cancelling the single event or the whole series, a message displays.



- Click **Edit this Occurrence** or **Edit the Series** in the *Scheduled Event* page.
- Click Delete again. If you selected Edit this Occurrence, then only the specific event you chose will be deleted. If you selected Edit the Series, then all of the recurring events will be deleted.



9.6 Acknowledging Missed Visits

When a worker uses the IVR or the GPS mobile device either to check in or check out, the information is captured in AuthentiCare immediately. You may need to refresh your screen for updates to display depending on what you are doing in the system.

AuthentiCare links worker check-ins and check-outs to scheduled events continuously and provides notice of late and missed visits to providers via email so that back-up coverage can be initiated. In addition to email messages, these late and missed visits are posted on the *Late and Missing Events* page of the system.

Definition of a Late Visit: The worker does not check in within 15 minutes of the event **start** time. The Late Visit is either removed because the worker checks in or it becomes a Missed Visit if the worker does not check in within the next 15 minutes, for a total of 30 minutes after the event start time.

Definition of a Missed Visit: The worker does not check in within 30 minutes of the event **start** time.

The late and missed visits are recorded in three ways:

- The *Late and Missing Events* page lists all scheduled events that are late or missed. This page is available from the menu bar to the Administrator role and to the following sub-roles: AdminAssistant and Scheduler/Coordinator.
- The *Late/Missed Visits Report*. Refer to Chapter 12, Reporting, for more information.

- *An email is sent to the email address* on the provider's record and on the case managers' record each time an event is late and/or missed. Examples of these emails are included below.

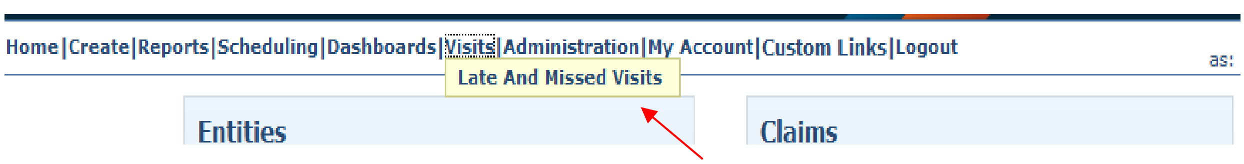
Example for Late Visit Email Alert:

This is an AuthentiCare late visit notification. "High Need" client: Yes. Worker Worker 1Test (076285) for provider HFC (010647042A) was scheduled to provide service PAS 3 (CCWAS5125UP) on 02/19/2015 at 11:15 AM. An AuthentiCare visit is considered late when the service is not provided within 15 minutes of the scheduled start time. To view this scheduled event in more detail, login to the AuthentiCare website at: https://www.authenticare.com/LADHH/Event.aspx?eid= Please do not reply to this email as it is intended for notification purposes only.

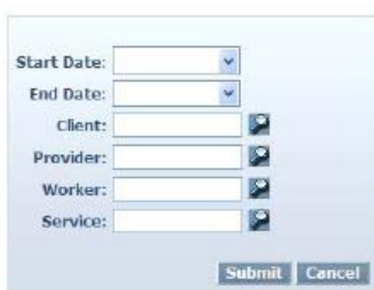
Example for Missed Visit Email Alert:

This is an AuthentiCare missed visit notification. "High Need" client: Yes. Worker Worker, 1Test (076285) for provider HFC (010647042A) was scheduled to provide service PAS 3 (CCWAS5125UP) on 02/19/2015 at 11:15 AM but missed the appointment. An AuthentiCare visit is considered missed when the service is not provided within 30 minutes of the scheduled end time. To view this scheduled event in more detail, login to the AuthentiCare website at: https://www.authenticare.com/LADHH/Event.aspx?eid= Please do not reply to this email as it is intended for notification purposes only.

To view the list of late and missed visits, place your cursor on **Late and Missed Visits** in the toolbar of the Main Menu, and when **Late and Missed Visits** displays below, click on it.

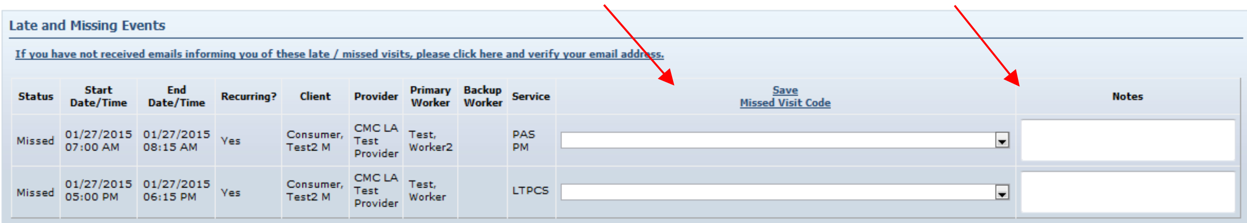


You will see a selection criteria screen that allows you to choose the visits you want to work. If you do not choose, all visits will be displayed.



The *Late and Missing Events* page displays if there are scheduled events for this provider which have been identified as late or missed.

- Select the appropriate missed visit code from the missed visit code dropdown list for each of the missed visits listed on the *Late and Missing Events* page. <u>Do not choose missed visit codes for events that have a status of "Late."</u> There is a note section for each *missed* visit for additional documentation if needed.



Late and Missing Events

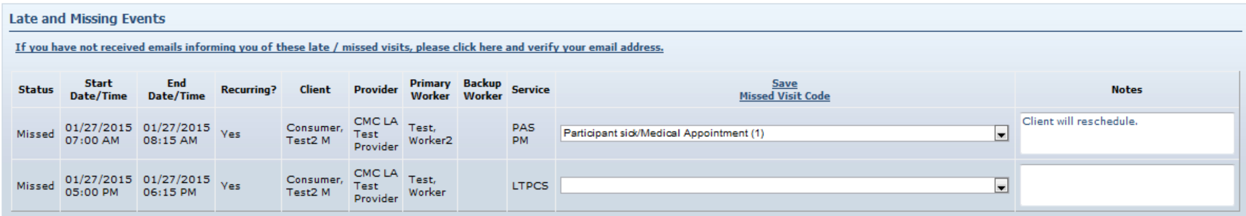
If you have not received emails informing you of these late / missed visits, please click here and verify your email address.

Status	Start Date/Time	End Date/Time	Recurring?	Client	Provider	Primary Worker	Backup Worker	Service	Save Missed Visit Code	Notes
Missed	01/27/2015 07:00 AM	01/27/2015 08:15 AM	Yes	Consumer, Test2 M	CMC LA Test Provider	Test, Worker2		PAS PM		
Missed	01/27/2015 05:00 PM	01/27/2015 06:15 PM	Yes	Consumer, Test2 M	CMC LA Test Provider	Test, Worker		LTPCS		

Missed Visit Descriptions are listed in the following table.

Missed Visit Description	Code
Participant sick/Medical Appointment	1
Participant in hospital	2
Participant in psychiatric facility	3
Participant in respite center	4
Participant in nursing facility	5
Participant out of town	6
Participant/Representative refused services	7
Participant/Representative cancelled due to holiday	8
Participant/Representative requested different delivery time	9
Participant not available – justify in notes	10
Family voluntarily provided temporary service instead	11
Participant no longer eligible for services	12
Participant was transferred to another provider	13
Participant emergency	14
Participant expired	15
No staff available: DSW back up staffing designee contacted	16
No staff available: DSW back up staffing designee NOT contacted	17
No staff available: Family/natural support back up staffing designee contacted	18
No staff available: Family/natural support back up staffing designee NOT contacted	19
Natural disaster	20
Inclement weather	21
No landline or cell phone service	22
Late POC from Support Coordinator	23
Not a Missed Visit – justify in notes	24
Other – justify in notes	25

- Click the **Save Missed Visit Code** link column heading. This saves the missed visit codes which can be viewed on the Late and Missed Visits Report (refer to Section 13.5.6 for further information). A missed visit will remain on the list until it is acknowledged by the provider.

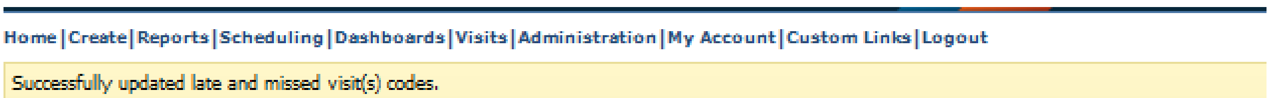


Late and Missing Events

If you have not received emails informing you of these late / missed visits, please click here and verify your email address.

Status	Start Date/Time	End Date/Time	Recurring?	Client	Provider	Primary Worker	Backup Worker	Service	Save Missed Visit Code	Notes
Missed	01/27/2015 07:00 AM	01/27/2015 08:15 AM	Yes	Consumer, Test2 M	CMC LA Test Provider	Test, Worker2		PAS PM	Participant sick/Medical Appointment (1)	Client will reschedule.
Missed	01/27/2015 05:00 PM	01/27/2015 06:15 PM	Yes	Consumer, Test2 M	CMC LA Test Provider	Test, Worker		LTPCS		

You return to the *Home* page which displays a message in the upper left hand corner that the missed visit codes have been saved successfully.



CHAPTER 10 THE AUTHENTICARE IVR

Much of the functionality and data described in Chapters 2 through 9 leads to in-home workers using the Interactive Voice Response (IVR) to record services provided for the client by calling in from the client's home when service begins and calling out from the client's home when service is completed. Each worker has a 6-digit worker ID number that identifies him/her as a worker for a specific provider. That worker ID is recorded in the IVR each time the worker makes a call.

	Important – If a worker works for more than one provider he/she is assigned a different number for each provider. Caution workers to make sure they use the correct Worker ID for each client visit.

10.1 IVR FLOW

The IVR (available in English and Spanish) is designed to capture the information required to create a claim for the service being provided. Section 10.3 below walks the worker step-by-step through what he/she can expect to hear when calling AuthentiCare.

If the phone number the worker is calling from matches the number for the client as recorded in AuthentiCare, then the client's name will be read by the IVR. If the system does not recognize the number, then the worker will be asked to enter the number of the client Id.

	IVR VOICE BIOMETRICS *Voice Biometrics is configured to create a voice print during a worker's first IVR check-in by entering information three different times. A worker will then will be asked to enter his/her voice print at each check-in and check-out.*

The IVR then reads the list of services that the worker could potentially be providing for this client. The order of the services played back to the worker is the list of authorized services for the client first then followed by the services the provider is eligible to provide.

	A worker can use the IVR even if there is no authorization yet for the client. However, the client <u>must exist</u> in AuthentiCare in order for the call to be completed.

The IVR then reads back all of the information in order for the worker to verify its accuracy. If there are any errors, the worker has the option to start over and correct the errors. If the information is correct, then the call is completed and the worker is checked in or out depending on the option chosen at the beginning of the call.

	Each time the worker returns to the main menu on either a check-in or check-out call, the beginning time of the call is reset.

10.2 Worker Instructions for Using the IVR –

Instructions for Using the IVR

Worker________________________________ **Worker ID** _______________

Instructions to Check-in for IVR	
1	Dial 1-800-337-1022 from the client's touch-tone phone.
2	Enter your worker ID number followed by the pound (#) sign when prompted.
3	Press 1 for Check-in.
4	Voice Verification - You will be asked to speak your first name, last name, and worker ID into the phone, this assumes that you have previously enrolled a "voice print". On the very first check in call, it will enroll you and on subsequent calls ask you to speak into the phone to verify against the enrollment.
5	You will hear the prompts to enter the Mileage and the Travel Time if your provider has elected to collect this.
6	You will then hear the name of the client you are there to serve. Select the client by pressing the appropriate number on the phone key pad. If AuthentiCare does not recognize the phone number you are calling from, you will be prompted to enter the client ID number followed by the pound (#) sign.
7	You will hear a list of services available for the client and be asked to choose the one you are there to perform by pressing the appropriate number on the phone key pad.
8	If you select one of the shared services (shared by 2/shared by 3 participants), you will be prompted to select the additional client(s) that you are going to serve.
9	AuthentiCare will then repeat back your name, your agency's name, the client's name, additional client name(s) if the service is shared, and the service to be provided. If this is correct, press 1. If the information is not correct press 2, and you will be able to correct the information before you finish the call.
10	After confirming the information, you will be told that the check-in was successful at (the IVR will state the time). At this point you will be instructed to press 2 to end the call or you can just hang up.
Instructions to Check-out for IVR	
1	Dial 1-800-337-1022 from the client's touch-tone phone.
2	Enter your worker ID number followed by the pound (#) sign when prompted.
3	Press 2 for Check-out.
4	Voice Verification - You will be asked to speak your first name, last name, and worker ID into the phone, this assumes that you have previously enrolled a "voice print".
5	You will hear the prompts to enter an Activity Code. At least one Activity Code has to be entered before

	continuing.
6	You will hear the prompts to enter an Observation Code. At least one Observation Code has to be entered before continuing.
7	**Note**: *If you failed to check-in, the IVR will read the client name(s) back to you, or, if it does not recognize the phone number you are calling from, you will be asked to enter the client's assigned ID number followed by the pound (#) sign.* *You will also be asked to select a service. If you select one of the shared services (shared by 2/shared by 3 participants), you will be prompted to select the additional client(s) that you have served.*
8	AuthentiCare will then repeat back your name, your agency's name, the client's name, additional client name(s) if shared service, and the service you provided. If this is correct, press 1. If the information is not correct press 2, and you will be able to correct the information to finish the call.
9	After confirming the information, you will be told that the check-out was successful at (the IVR will state the time). At this point you will be instructed to press 2 to end the call or you can just hang up.

What do I do if . . .	
. . . I forget my worker ID?	Call your supervisor who has the number on file.
. . . the client is not being recognized from the phone I am calling from?	Call your supervisor. If the phone you are calling from is the new number of the home phone (land line or cell) for the client, then your supervisor can add it as a registered number for the client.
. . . I checked in but forget to check out?	Call your supervisor and let the agency know what client you were serving and the time you left the client's home.
. . . I forget to check in?	If you are near the beginning of your visit, go ahead and do a check-in. Then let your supervisor know the check-in was phoned in late, and what time you started providing care. If you don't remember until the end of your visit, go ahead and check-out when you leave. Let your supervisor know you forgot to check-in and what time you arrived at the client's home.
. . . I forget to check in and check out?	Call your supervisor and explain what happened.
. . . I am in the process of checking in and realize I have made a mistake?	AuthentiCare will let you change the information before you complete the check-in. You can go back by pressing 2 at the confirmation heard during Step 6 of the Check-in process or Step 6 of the Check-out process. Re-enter the correct information when prompted.
. . . I have already checked in and realize I made a mistake?	Go ahead and check out but call your supervisor and explain what happened.
. . . .I have checked in and	Call your supervisor and explain what happened.

What do I do if . . .	
checked out and realize I have made a mistake?	
…the client does not have a touch-tone phone, refuses to let me use the phone, or the phone is out of order?	Call your supervisor and explain what happened.

CHAPTER 11 AUTHENTICARE MOBILE APP

The AuthentiCare Interactive Voice Response (IVR) solution has been an integral part of collecting claim information real-time and providing assistance with accurate reporting. Current changes in technology have allowed homes to move away from landline service and gravitate to complete wireless home phone systems. In anticipation of this, AuthentiCare has created a mobile application for workers to use when landline access is not available. This application closely mimics the capabilities of the IVR application and has the ability to base its validation process on the location of the worker using GPS technology. The following details the steps required to set up jurisdictions, providers and workers for mobile application usage.

11.1 REQUIREMENTS

- A provider with AuthentiCare administrative access
- Active AuthentiCare providers and workers with current Worker IDs
- Android phone with data network access (Currently not available for iPhone.)
- Android phone with GPS
- A network available for login

11.2 APPLICATION CONTROL

- You can select **"Yes"** for **mobile-enabled** to verify that your agency is enabled to use the mobile application.
- The following are settings that can be controlled at an application level:
    - Use of a Consumer ID card with QR (Quick Response) code functionality.

(This is a sample QR card. The actual approved QR card may vary.)

The Consumer ID QR card uses the technology of QR codes to easily allow visit verification and works in conjunction with the AuthentiCare

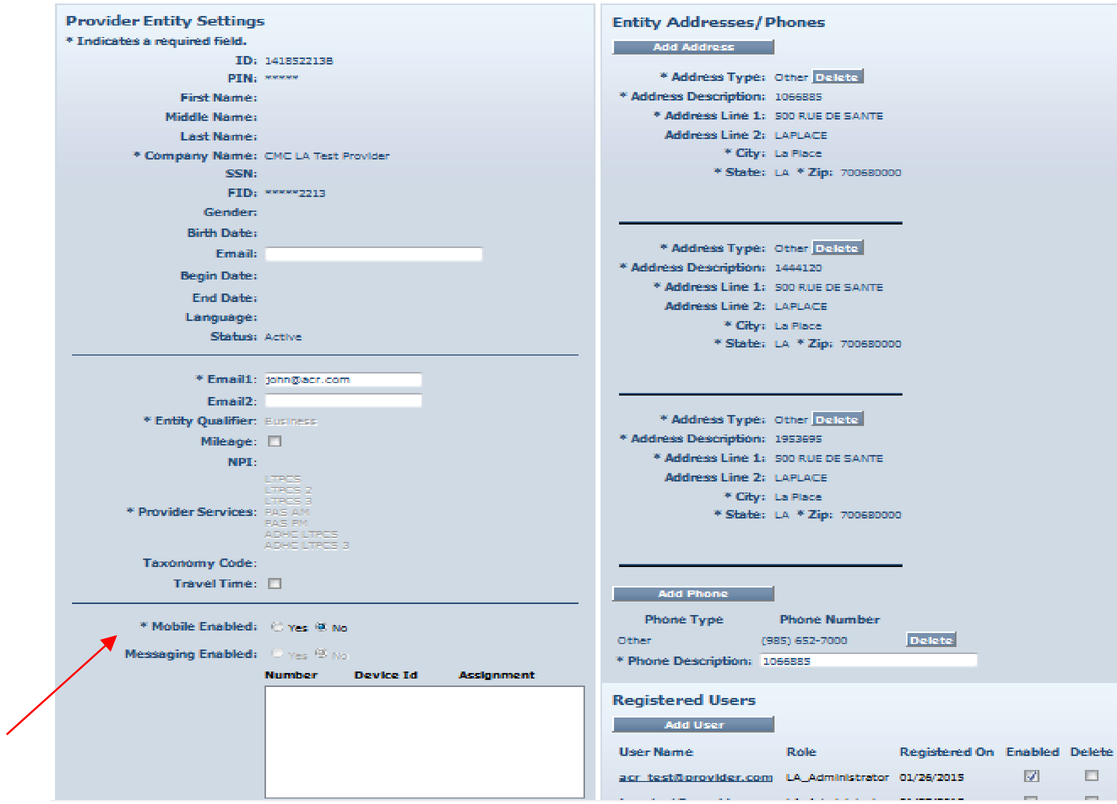
mobile application. A QR code is a 2D barcode which can be scanned through the mobile application.

The ability to scan this card at the time of service provides verification of client and service delivery times and tasks to be captured in the absence of a landline, cell phone coverage, or when GPS location coordinates cannot be determined -- a zone that we define as Limited Service Zone (LSZ).

- The mobile application allows:
  - The ability to define the GPS geo-fence distance. The GPS geo-fence is the maximum distance surrounding the client's location without receiving an exception on the claim. (The exception is triggered on Check-in and Check-out and is used as an indicator to determine if the worker was within a specific radius of a client's home.)
  - The ability to set the duration (in minutes) before the mobile application logs the worker out of the system due to inactivity.
  - The ability to populate the Login Banner Message – This message appears when any worker in the jurisdiction logs into the mobile application.

11.3 Provider Setup

- Providers must enable the mobile option within their provider record. Once the record is open within the AuthentiCare Web Application, providers select “Yes” for Mobile Enabled. If Mobile is not enabled, the worker will receive Login failed when they try to Log in to the mobile application.
- On the Provider record, the provider can choose if the messaging should be enabled for the workers. If Messaging is not enabled, the workers will NOT see a message tab.
- A provider can also register provider-owned phones on this record for mobile application use and also provide a name assigned (temporarily or permanently) to the phone simply by entering the information and selecting the “**Add**” button.

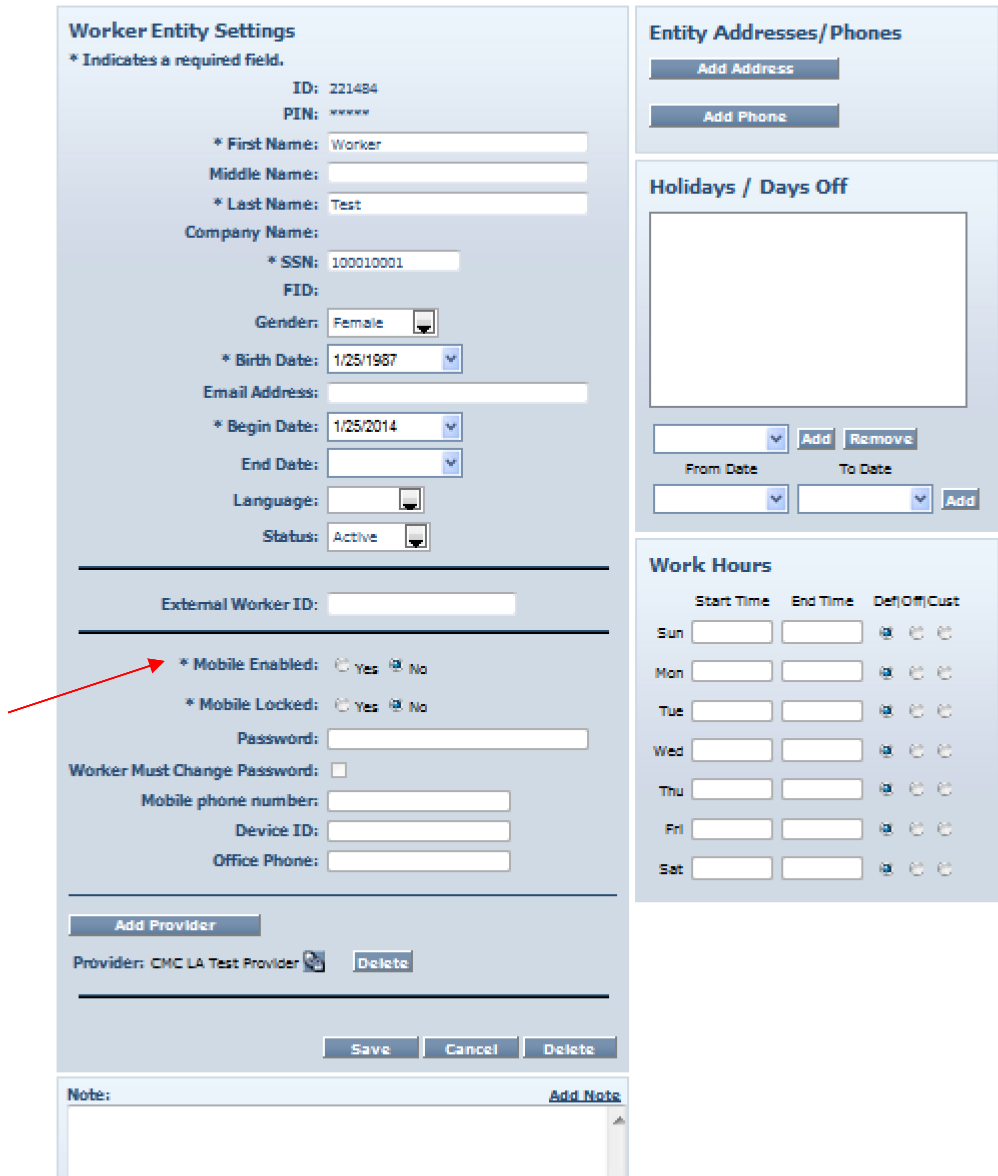


11.4 Worker Setup

The AuthentiCare provider administrator can create a worker online and register a phone, or register a phone to an existing worker.

1. Access the Worker Entity page from the AuthentiCare Web Application.
2. At Mobile Enabled field, select **Yes**.
3. Add a password that contains at least one digit, one lowercase, one uppercase, one special character and minimum length of eight (8) characters.
4. The password will be masked once saved.
5. If you check the checkbox for "Worker Must Change Password," the worker will be forced to change the password when accessing the application
6. Enter the phone number of the mobile device in the Mobile phone number field, if applicable.
7. Enter the Device ID. To obtain the Device ID, load the application onto the device, select the phone's Menu button while on the application's login page. When selected, this will display the device id to be entered.

8. Enter the office phone number. This is the number the worker will dial when they choose “**Call Office**” from the menu button within the mobile application.
9. Select “Save”.



11.5 Enabling Services For Mobile

Currently, any service that is enabled for the IVR will be enabled for Mobile. If you believe a service should not be mobile enabled, please contact: EVVHelp@la.gov

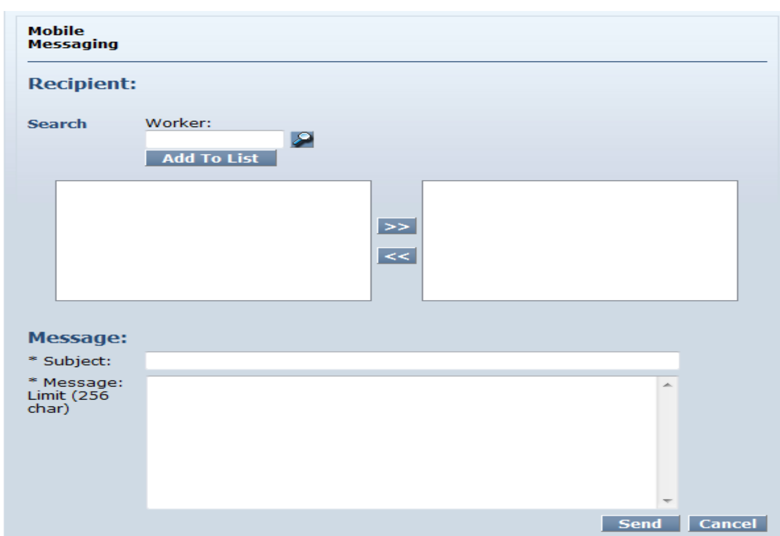
Creating Mobile Messages

Providers with AuthentiCare admin access have the ability to create messages for workers through Mobile Messaging.

1. Log into the AuthentiCare Web application at: AuthentiCare Online.
2. Select the Administration function at the top of the screen.

3. Select Mobile messaging from the Administration drop-down menu.
4. Enter the worker ID.

Note: Only workers who have been Mobile Enabled will be available to be listed as a message recipient.



5. Choose **"Add to List."**

6. You can add as many workers as you would like to the distribution list to the right.
7. You must select them and choose the right arrow >> to add them to the sender's list.
8. You can remove members by selecting them and choosing the left arrow << to delete.
9. Add Subject to message.
10. Add message text, limited to 256 characters.
11. Choose "Send" to forward the message to the worker.

11.7 Workers' Download And Installation Of The Mobile Application

From your mobile phone, open your internet application and enter the following URL (address): AuthentiCare Mobile Download.

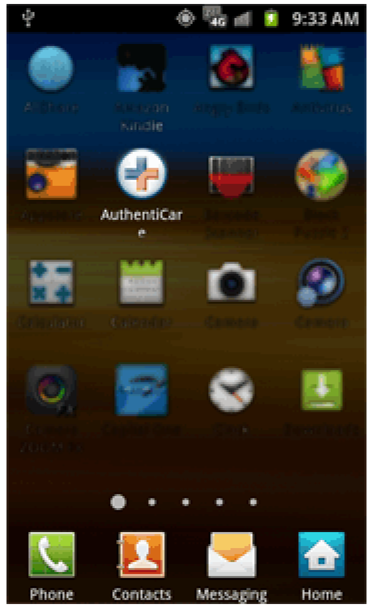
1. Read the terms and conditions, then select the **acceptance** check box. The terms and conditions must be agreed to prior to downloading the application.
2. Tap the **AuthentiCare icon** button to download the app to your mobile phone.
3. Once downloaded, you will need to run the install by tapping the **"Install"** button on the front page of the app.

   Note: In order to install, your phone will need to be configured to allow installation of "non-market" applications. Check your phone's documentation for details to change this setting. This is typically found in the phone's System or Applications Settings, under the Security section, with a heading of something similar to **"Unknown Sources**."
4. You are ready to use the AuthentiCare Mobile App.

11.8 Logging In

The GPS must be enabled to perform Log in.

Tap the AuthentiCare Mobile App icon to begin.

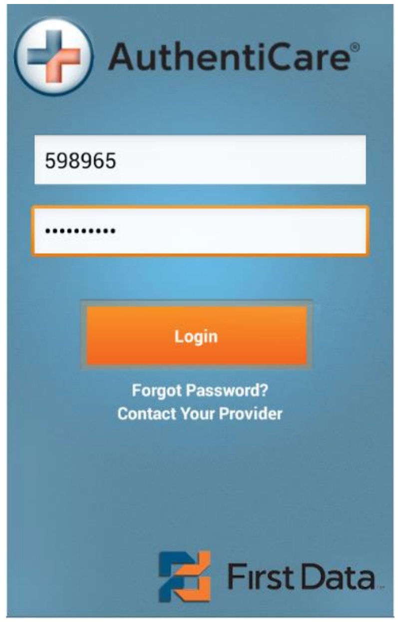


1. Every time the app is (re)installed or the data is cleared from the settings, the user will be prompted to enter the code to initialize the settings. Enter “**LADHHPRD”** and tap Go.

2. On the Login screen, you will be prompted to enter your Worker ID and Password. After entering the required information, tap **Login**.

   Note: When entering your password, you may want to set your mobile phone’s settings to **"Make Passwords Visible,"** to allow passwords to show momentarily

as you type. This will allow you a second to see which character you are entering before it is replaced with an asterisk * or a • .



3. If you forget your Worker ID and/or Password, you will need to contact your provider's AuthentiCare administrator to have your password reset.

   The AuthentiCare Mobile Application will only go out to verify your credentials against the AuthentiCare back-end system upon the initial login to the application. Once logged in, an application session is established. Sessions are active from initial login until 2 a.m. local time. Future logins within the session, (following screen locks, logouts, etc.) are validated against the phone's stored information. Therefore, if a password is changed on the backend within a current session, you will only need to enter that new password upon your NEXT initial login the following day.

   The application will allow five (5) attempts with an invalid password before locking out the worker. A worker will have to contact the provider to have the password reset and in order to unlock his/her account.

11.9 USE OF THE AUTHENTICARE MOBILE APPLICATION

1. Check-in or Check-out for a scheduled appointment, while the worker is within a cell phone service area.

2. Check-in or Check-out for a scheduled appointment, while the worker is within a Limited Service Zone.

3. Check-in or Check-out for a non-scheduled appointment, while the worker is in a Standard Service Zone.

4. Check-in or Check-out for a non-scheduled appointment, while the worker is in a Limited Service Zone.

5. Force Check-Out when there is a forgotten Check-In.

6. View Messages sent by the provider.

7. Use Calendar to view current and future appointments.

8. Call Office.

9. Change Password.

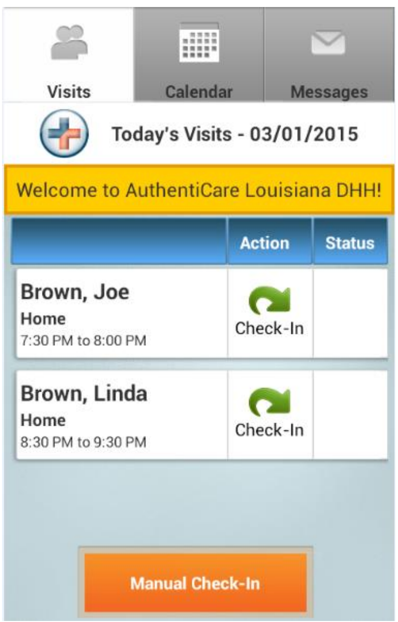
10. Account Lockout.

11. View Device ID.

11.10 EXPLANATIONS

1. **Check-in or Check-out for a scheduled appointment, while the worker is within a cell phone service area:**

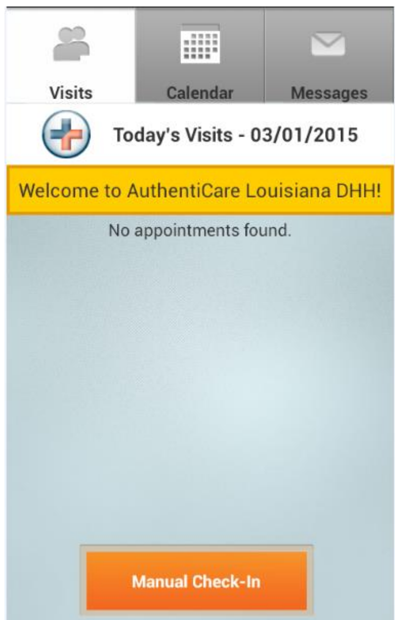
After a successful login, the first screen displayed is the "Visits" or Home screen.



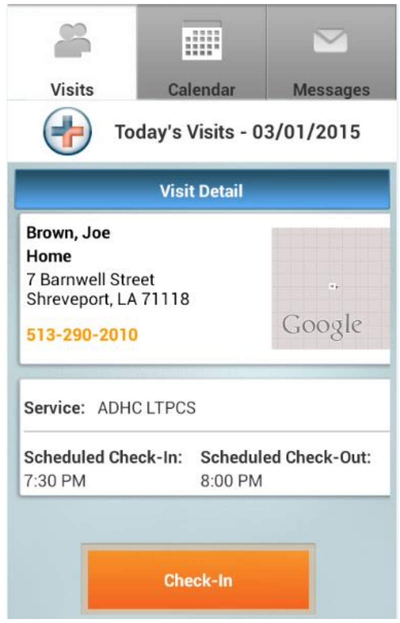
The current date will appear at the top. All *scheduled* appointments for the day will be listed along with available actions and the current status for each visit.

The AuthentiCare application has the ability to store multiple addresses for a client, and the location description of the appointment which is also shown on this screen. The scheduled appointments are downloaded to your mobile phone upon the initial login to the session. On the first log-in, your schedule is pulled from the server and stored locally. It is not dynamically updated during the day.

If no visits are scheduled for this day, the text on the screen will read “No appointments found.”



You may view detailed visit information by tapping any client in the visits list.

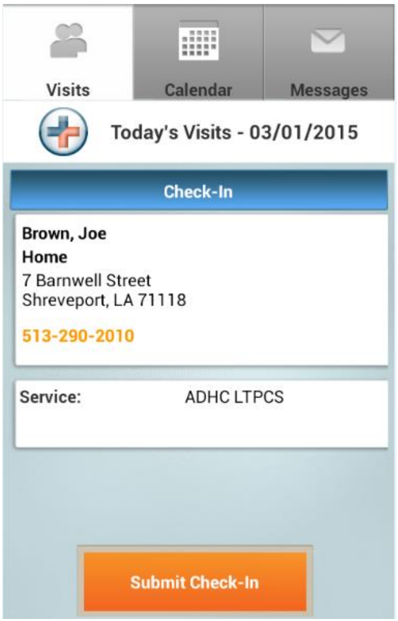


Users can return to the main Visits page by tapping on the AuthentiCare Mobile icon or by pressing the phone's **Back** button.

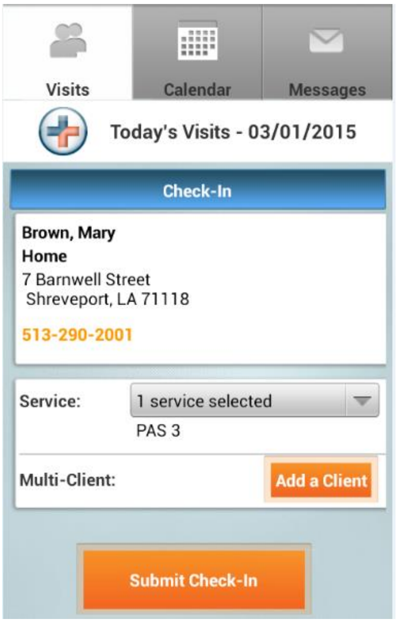
On the detail screen you will see the service to be provided, address and phone number of the client, as well as the scheduled check-in and check-out time. A map is available to the right of the client's name and information. The location provided to Google Maps is based on the coordinates in the clients profile sent from the AuthentiCare application. Tapping on the map provides a more detailed location view and the ability to access turn-by-turn directions (from Google) to the client's location, or you can tap the phone number to dial the client for directions. If a client in the AuthentiCare system only has an address and does not have coordinates associated with their address, Google Maps will not be able to provide location services.

Check-In: Once you are at the client's location and you are ready to check-in, tap the **Check-In** icon next to the client's name (or you can also check-in from the detail screen).

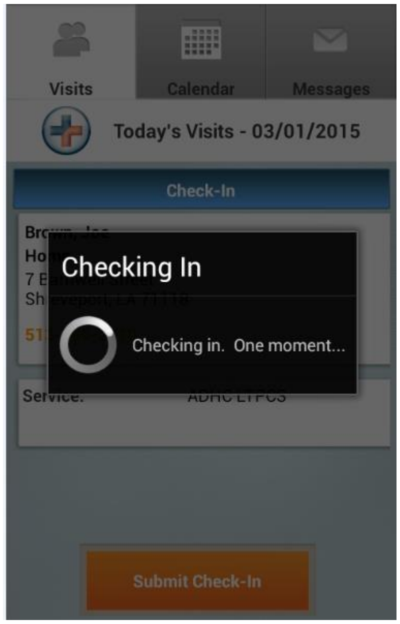
You will be presented with a screen showing the client's name, address, location, and service to be provided.



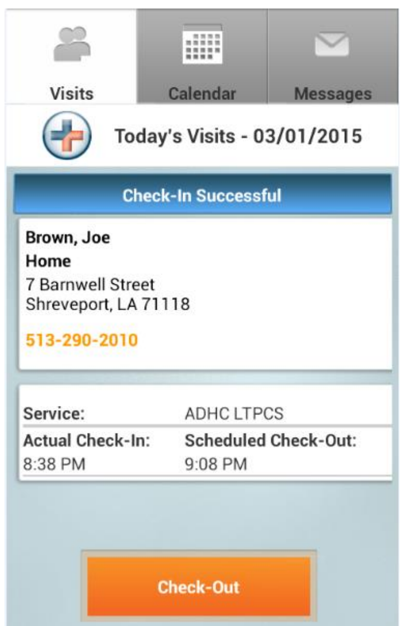
A worker may select or enter (manual Check-in) one of the clients and select Shared service in which case the worker will be offered the option to perform a multi-client Check- In. If the intention was to perform a multi-client Check-In, add the additional client and the application will pair the clients for Check-In. If the worker is unable to perform the service(s) for the additional client, leave the checkbox unchecked and the application will only Check-In the original client.



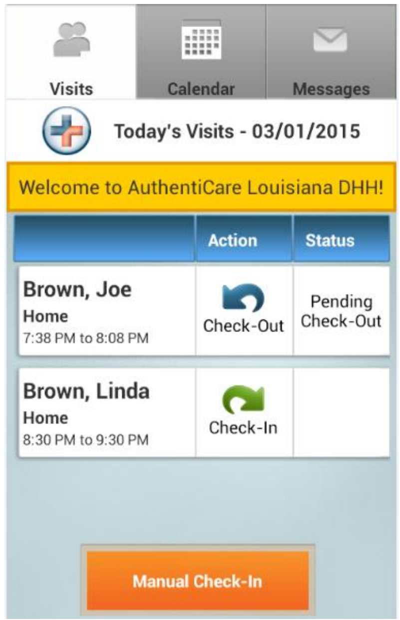
Tap the **"Submit Check-In"** button.



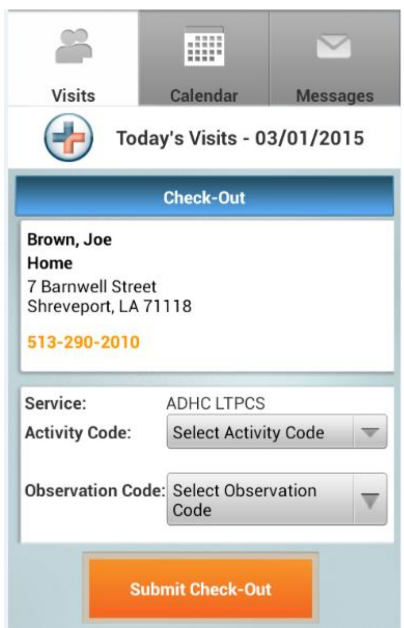
The screen will indicate that a check-in is in progress and you will be taken to the Check-In Confirmation screen for notification that the check-in was successful.



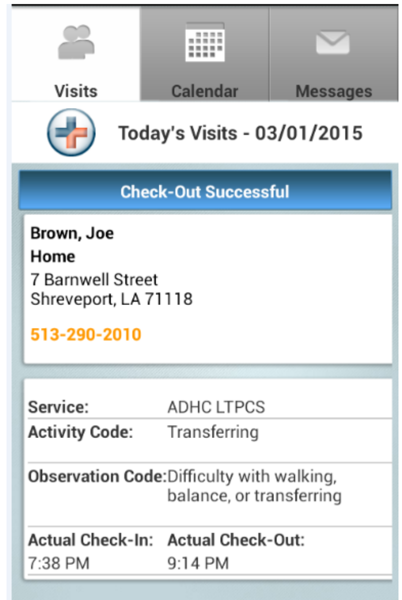
The screen will immediately be available to perform a check-out, or you may return to the main Visits screen by tapping the AuthentiCare Mobile icon located in the upper left of the screen. Here you will notice that the Status for this visit has now changed to “Pending Check-Out."



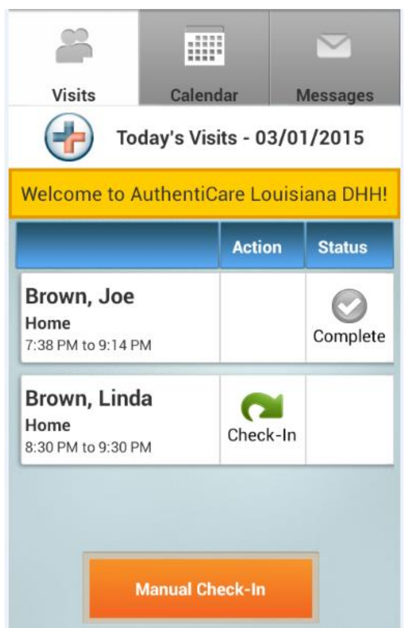
Check-Out: Once you are ready to check-out, tap the **Check-Out** icon next to the client's name or check-out from the Check-In Confirmation screen. You will be presented with the Check-Out screen. Note: Currently the AuthentiCare application does not allow scheduling an appointment for different locations. The mobile application will assume the user is checking out for the same location for which they checked-in**.**



Select the Activity Code and Observation Code and tap "OK" and tap the "Submit Check-Out" button. The screen will indicate that a check-out is in progress will display the Check-Out successful notice on the Check-Out Confirmation screen.



To return to the Visits screen, select the AuthentiCare icon or tap the back button and view the Status as Complete next to the client name on the Visits Screen.



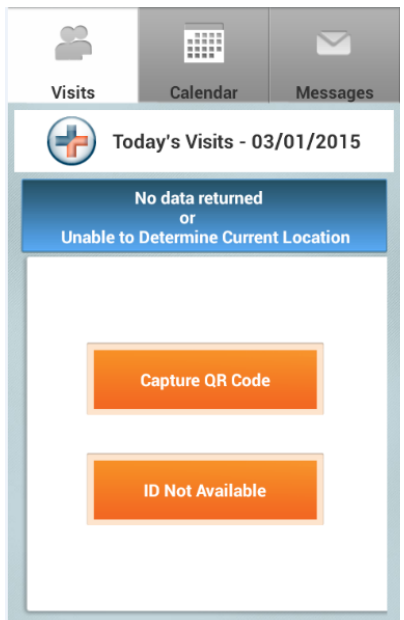
2. **Check-in or Check-out for a scheduled appointment, while the worker is within a Limited Service Zone:**

   If you get to a client visit location and you are outside of the standard cell service zone, you will proceed through the same Check-In and Check-Out steps. The data is stored on your phone as the check-in and check-out is done, and a "push"

of the data is automatically initiated when the phone detects it is back in a service zone.

Check-In: Once you are at the client's location and you are ready to check-in, tap the **Check-In** icon next to the client's name (or you can check-in from the detail screen). You will be presented with a screen showing the client's name, address, location description, and service to be provided. Tap the **"Submit Check-In"** button.

The next screen will indicate that the application is unable to determine your location and you have the option to "Capture QR Code" or "ID Not Available."



If the client has a QR card, you can use your phone’s camera to scan the ID. Or if there is no ID card available, tap the **“ID Not Available”** button.

If the client has a QR card, select **"Capture QR Code."** If your phone does not have QR code reader/scanner installed, you will be directed to the Play store for installation. (During initial use of this functionality, the application may prompt the user to install the Barcode Scanner component.)

(This is a sample QR card. The actual approved QR card may vary.)

Place the QR code from the ID card inside the viewfinder rectangle to scan. The QR code can be scanned regardless of the orientation of the card (right side up, on its side, or upside down), as long as the QR code is located in the viewfinder. For best results the camera should be held parallel to the card, approximately four (4) to six (6) inches away. The camera will actively scan the QR code and there is no need to "take a picture" of the code. The screen will indicate it has identified the text and bring the worker to a Check-In Confirmation screen to verify the information. Select the service and tap the **"Submit Check-in"** button.

If there is no QR card available, tap the **"ID Not Available"** button from the above screen.

You will be taken to a Check-In screen where the Client ID number or Client Last Name must be entered to submit the check-in.

If the client's location is consistently unable to receive network coverage, the worker may select the "Request ID Card" checkbox and a card request will be submitted with the visit's check-in.

Check-Out: Once the check in is submitted, the application will update to show the Check-out screen. When you are ready to check-out, tap **"OK."** Tap the **"Submit Check-Out"** button. You will be taken to the **"Unable to Determine Your Location"** screen and you will again have the option to **"Capture QR Code"** or **"select ID Not Available."** If the **"Capture QR Code"** option is selected, the worker will need to rescan the client' ID card prior to check-out. If the "ID Not Available" option is chosen, the worker will proceed to the check-out screen and will not need to re-enter the client's ID number. Upon check-out

submission, the application screen will indicate that a check out is in progress and is queued for completion.

The Check-Out information is stored on the phone and a "push" is done when the phone detects it is back in a cellular service zone. The status will show as "Queued" until the phone pushes the Check-In/Check-Out information to the application. Then the status will read "Complete."

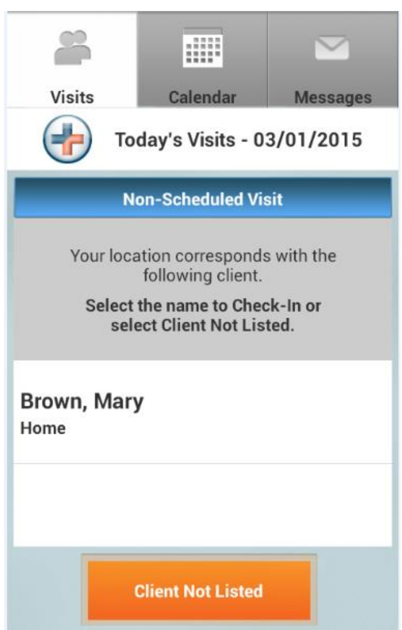
3. **Check-in or Check-out for a non-scheduled appointment, while the worker is in a Standard Service Zone:**

Once at the client location, select the **"Manual Check-In"** button on the Visits screen.

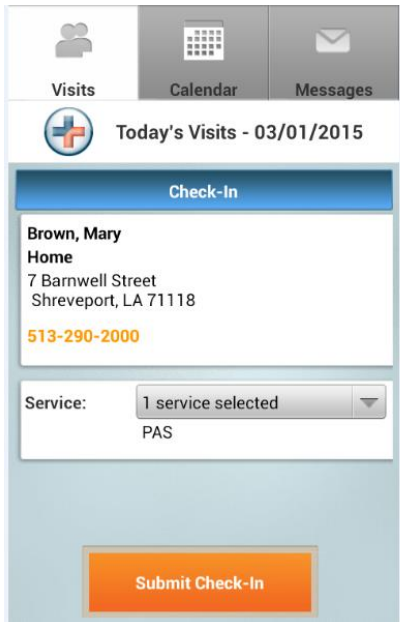
Check-In:

- **If GPS location information is associated with a client:**

When checking in, the client's name and the location description should appear on the Non-Scheduled Visit screen with the text "Your location corresponds with the following client." If you believe the location description does not match where you are performing the visit, you will also have the option to select "location not listed."



Tap the client's name on the screen. The standard check-in screen will appear with the client's name, address, and phone number.

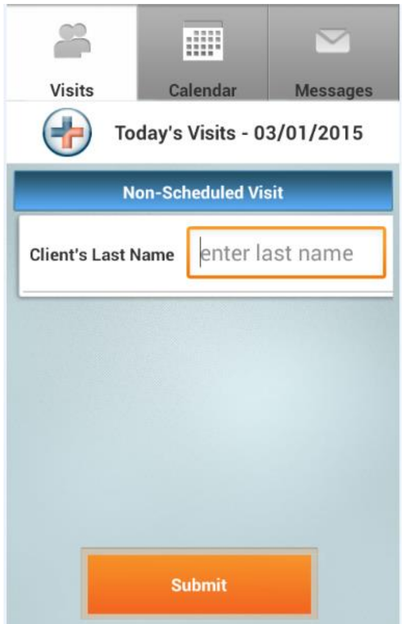


Tap **"Select Service"** to view the services that can be provided. This list of services is sent to your phone upon login and includes all of the services the worker's Provider is registered to perform. The services the worker is authorized to have performed will appear highlighted and with an (A) next to the service name.

Select **"Submit Check-In."**

- **If there are multiple clients at a single location:**

When multiple clients are associated with the same location, such as multiple family members with different last names or facility based care, you will be prompted to enter the client's last name.



If the last name matches any of the clients names returned to the phone, you will be taken to the search results screen and you will be able to select the client name.

- **If no client is associated with the location you are visiting:**

Select **"Client Not Listed"** -- If your agency has not updated coordinates for clients or your client has not had a previous check-in or check-out at their location, the AuthentiCare application does not have their GPS coordinates on file.

Unless the Provider agency has selected the option to “Disable Learn Mode” the application invokes a “learn mode” for adding GPS coordinates. “Learn mode” requires 6 check-ins or outs to save the coordinates to the database. A calculation within the AuthentiCare Application will then take an average of those locations and write them to the client record. This is the basis for the Geo-fence exceptions. Once the coordinates are set into the database, the claim can have exceptions indicating when the worker is out of the pre-defined Geo-fence during Check-in OR Check-out.

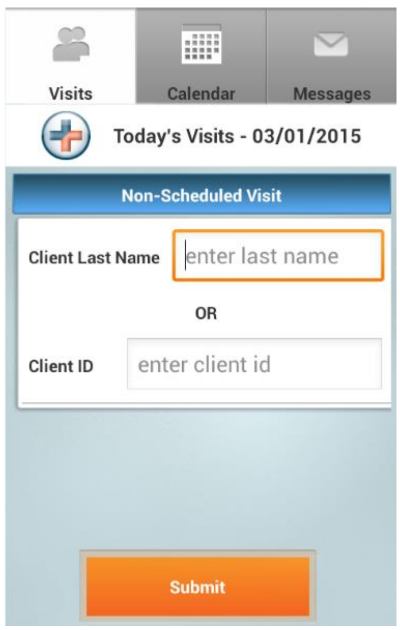
- **Check-ins when "Client Not Listed:"**

When the worker selects the **"Client Not Listed"** option, they will be presented with an option to check-in with a Client ID QR card or the option to check-in when no ID is available. If the client has a QR card -- Select **"Capture QR Code."**

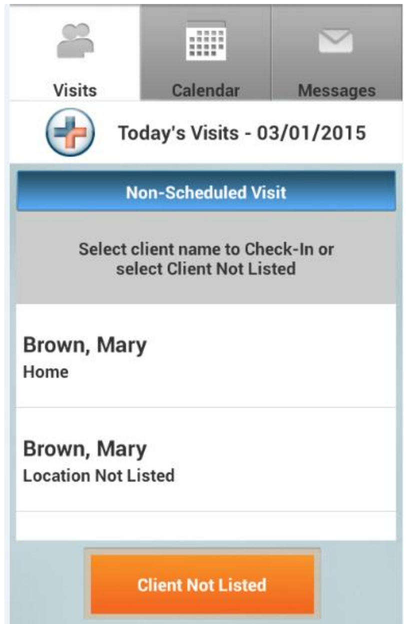
[Refer to Section 2, Limited Service Zone for instructions on QR Card reader/scanner.]

If there is no QR card available -- Tap the **"ID Not Available"** button. You will then be taken to a screen where you may enter the client's last name or Client ID to search for the client. The response will bring back only clients for which your provider is authorized to perform services and the location description on their client record.

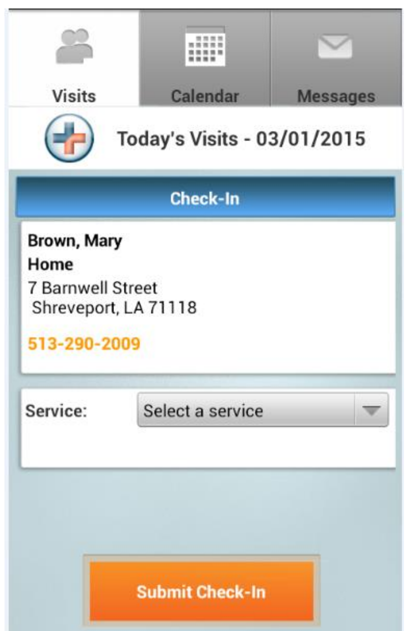
If the client entered has multiple locations associated with their client ID, the worker will have the option to select the location description which matches the location where they are performing the service.



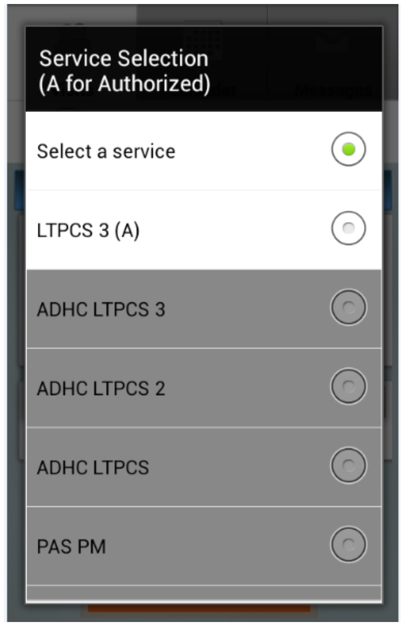
If the client entered has multiple locations associated with their id, the worker will have the option to select the location description which matches the location where they are performing the service.



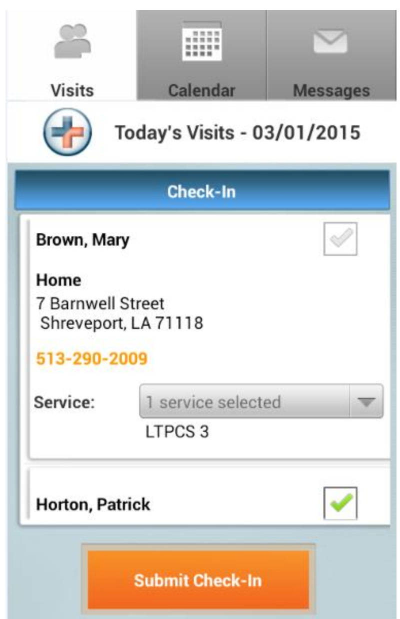
After selecting the client, the Check-in page will be populated with the client information and you can select the Service.



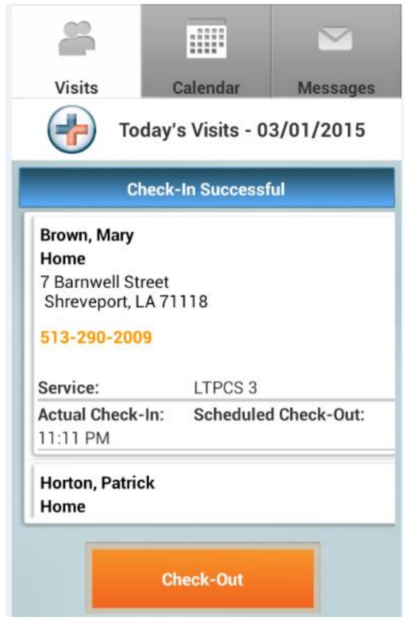
The worker may have the ability to Check-in for multiple clients if a Shared service is selected. After selecting the drop down for Select a service, the worker sees the following screen:



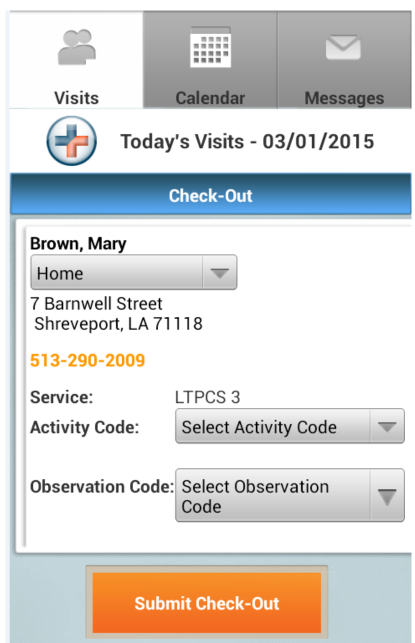
Upon selection of the Shared service, the button “Add Client” will become available on the screen. Upon selection of this button, the application will search for additional clients that are authorized to have service provided by the worker’s provider, and verify their location is within the same Geo-fence as the initial client.



After adding the additional clients for the Shared service, tap on “Submit Check-in”. A screen indicating Check-in is in progress is displayed followed by the Check-in Successful notice.



Check-Out: Once you are ready to check-out, tap the **"Check-Out"** button you will be presented with the Check-Out screen. If the client has multiple locations then the worker will have the ability to select the location of the checkout from a drop down. These are location within the client record.



Tap the **"Submit Check-Out**" button. The worker will have the ability to select the Activity and Observation codes for each client checked-in for the Shared service. All the clients checked-in for the Shared service will be checked-out at the same time. The screen will indicate that a check-out is in progress and you will then see the Check-Out Successful notice.

The Status is marked as "Complete" next to the client name on the Home Screen. If the "Capture QR Code" option is selected, the worker will need to rescan the client's ID card prior to check-out. If the **"ID Not Available"** option is chosen, the worker will proceed to the Check-Out screen and will not need to reenter the client's ID number.

4. **Non-Scheduled, Limited Service Zone Visits:**

Once at the client location, select the **"Manual Check-In"** button on the Visits screen. After successful login, the first screen you will see is the "Visits" or Home screen. The current date will appear at the top.

Check-In: Within a Limited Service Zone, you will be presented with the screen giving the options to **"Capture QR Code"** or choose **"ID Not Available."**
If the client has a QR card -- Select **"Capture QR Code."**

Refer to Section 2, Limited Service Zone for instructions on QR Card reader/scanner.

If there is no QR card available -- Tap the **"ID Not Available"** button. You will be taken to a Check-In screen where the client ID number must be entered to submit the check-in. If the client's location is consistently unable to receive network coverage, the worker may select the **"Request ID Card"** checkbox and a card request will be submitted with the visit's check-in.

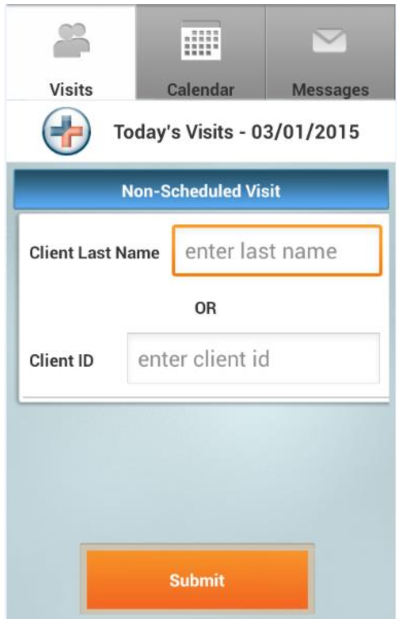
Check-Out: Once you are ready to check-out, tap the **Check-Out** icon next to the client's name. You will be presented with the Check-Out screen. Tap the **Submit Check-Out** button. Since you are within a Limited Service Zone, you will again be presented with the screen giving the options to **"Capture QR Code"** or choose **"ID Not Available."**

If the **"Capture QR Code"** option is selected, the worker will need to rescan the client's ID card prior to check-out. If the **"ID Not Available"** option is chosen, the worker will proceed to the check-out screen and the client's ID number will not need to be reentered.

5. **Force Check-Out when there is a forgotten Check-In**

If you performed a visit and forgot to check-in, you will need to perform a Force Check-Out by selecting your mobile phone's Menu button on the Visits page while at the client's location. Then tap the **"Force Check-out"** button. You will then be taken to a screen where you may enter the client's last name or Client ID

to search for the client. The response will only bring back clients for which your provider is authorized to perform services.



After selecting **Submit**, the Check-Out page will be populated with the client information and you can select the Service and proceed to Check-Out.

If you choose **"Scan QR Card,"** refer to Section 2, Limited Service Zone for instructions on QR Card reader/scanner.

Select the service from the drop-down menu and select **"Submit Check-Out."** You will be taken to the Check-Out Confirmation screen.

6. **View Messages sent by the Provider**

   If your provider has enabled Messaging, you will see a Messages tab at the top of the Visits screen. The number of unread messages will also show on that tab.

   To view messages, tap the **Messages** Tab. Tap the **Sender** to view the message. You can choose to Delete the message or mark it as unread. Tap **OK** to confirm your selection. Workers are only able to *receive* messages from their provider administrator at this time. There is no functionality implemented to respond to messages.

7. **Use Calendar to view current and future appointments**

If the Provider uses the AuthentiCare Mobile online scheduling function, the worker may tap the Calendar icon to view today's date (or any other date) to view the scheduled visits. The current day's visits will be shown and each may be tapped to view detail information. From the detail page, you have the ability to check in or out for a visit. If the visit has already been completed, no further actions may be taken. If the visit is in the future, the worker may tap it to see detail information and then check in from that screen. The only view currently available is a monthly view.

8. **Call Office**

By selecting your mobile phone's Menu button on the Visits page, you can choose to call the Office number that is entered on your worker record. This information is sent to the phone upon the worker's logging into the system. Therefore, workers that have different office numbers can share a phone, and it will call the number on record.

9. **Change Password**

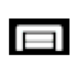
You can also elect to change your password. By selecting your mobile phone's Menu button on the Visits page, and then tapping the **Change Password** button, you will bring up the Change Your Password screen. At this point, your user ID will be shown, or you can enter it. Then enter your current password followed by your new password. You will be required to re-enter your new password. Then press the **"Submit"** button to finish the change.

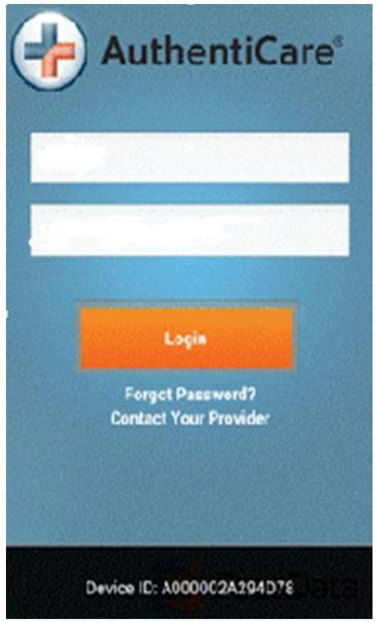
The provider may also force a worker to change their password through the Worker Record on the administration web site. If this option has been selected, the worker will be directed to the **"Change Password**" screen after login.

10. **Account Lockout**

After five (5) invalid login attempts, the worker's account will be locked. Once the account has been locked out, the worker will be unable to access the mobile application until the provider resets the password and unlocks the account. The worker will need to call the provider to initiate this process.

11. **Device ID**

By selecting your mobile phone's Menu button  when on the Login page, your device ID number will appear – example: Device ID: A00002A294D78. This device ID is needed by the provider to enable the phone for the AuthentiCare Mobile application.


AuthentiCare
Login
Forgot Password?
Contact Your Provider
Device ID: A000002A294D78

CHAPTER 12 MANAGING CLAIMS

A claim contains all of the information required for submission via a HIPAA-compliant electronic billing file (837). Every service captured by the IVR, mobile device or entered via the web, automatically creates a claim. Each claim within AuthentiCare is assigned a unique claim number which can be fully tracked in the system.

Providers must confirm each claim before AuthentiCare can submit it for payment. This involves reviewing each claim for accuracy and approving the claim for billing. Only confirmed claims are exported to be adjudicated for payment. Unconfirmed claims remain in AuthentiCare until they are confirmed or deleted.

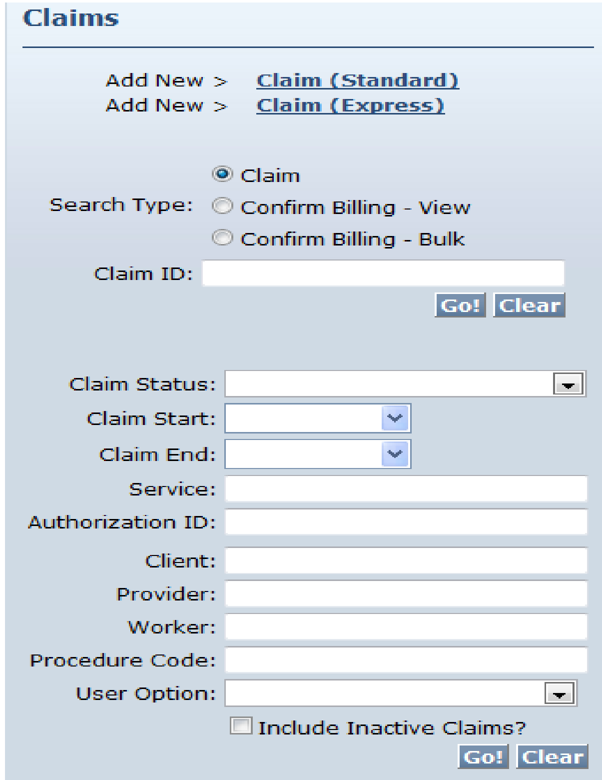
Claims can be confirmed one at a time (see Section 12.6) or in bulk (see Section 12.7). Bulk confirmation is a function that providers initiate on the website, and then AuthentiCare completes the confirmation process after hours.

AuthentiCare exports claims for adjudication in the early morning hours Monday through Friday of each week. Claims confirmed by 11:59 PM the night before will be included in that morning's file submission.

If it is determined that there is an error in the claim that requires a correction, you can make those corrections using the procedures outlined in Section 12.2.

12.1 SEARCHING AND VIEWING CLAIMS

- Click the **Claim** radio button in the Claims section of the *Home* page.
- Enter search criteria in any of these fields, if desired. You can also choose to filter claims and confirm billing by date or user name (log in) as shown at the bottom of the screen. If you do not enter any search criteria, all claims will be listed.
- Click Go!



The *Claims* page displays with the results of the search up a maximum of 300 claims.

Claims

ID	Status	Client ID	Client Name	Date Range	
679	ConfirmBillingForClaim	6666666666666	Consumer, Test2 M	01/26/2015 - 01/26/2015	
682	AuthExhaustedOn, ConfirmBillingForClaim, EventMatching, WorkerEligibility	7777777777777	Consumer, Test3 W	01/05/2015 - 01/05/2015	
683	AuthExhaustedBefore, ConfirmBillingForClaim, EventMatching, WorkerEligibility	7777777777777	Consumer, Test3 W	01/09/2015 - 01/09/2015	
680	ConfirmBillingForClaim, EventMatching, WorkerEligibility	7777777777777	Consumer, Test3 W	01/01/2015 - 01/01/2015	
681	ConfirmBillingForClaim, EventMatching, WorkerEligibility	7777777777777	Consumer, Test3 W	01/07/2015 - 01/07/2015	

- Note the columns displayed in the search results:
  - **ID** – Identifies a claim
  - Status –
  - Displays as *NoExceptions* or *InfoExceptions* if the claim has been sent for payment or is ready to be sent.

  OR

- Displays the name of the critical exception (if there are any). The critical exceptions are: *Authorize*, *Calculate*, *AuthExhaustedBefore*, *AuthExhaustedOn*, *IneligibleWorker*, *DuplicateClaim*, *ConfirmBillingForClaim, OverlappedWorker, OverlappedClient, OverlappedService* and *UnenrolledProviderServices*. You could see any combination of these critical exceptions listed under status.

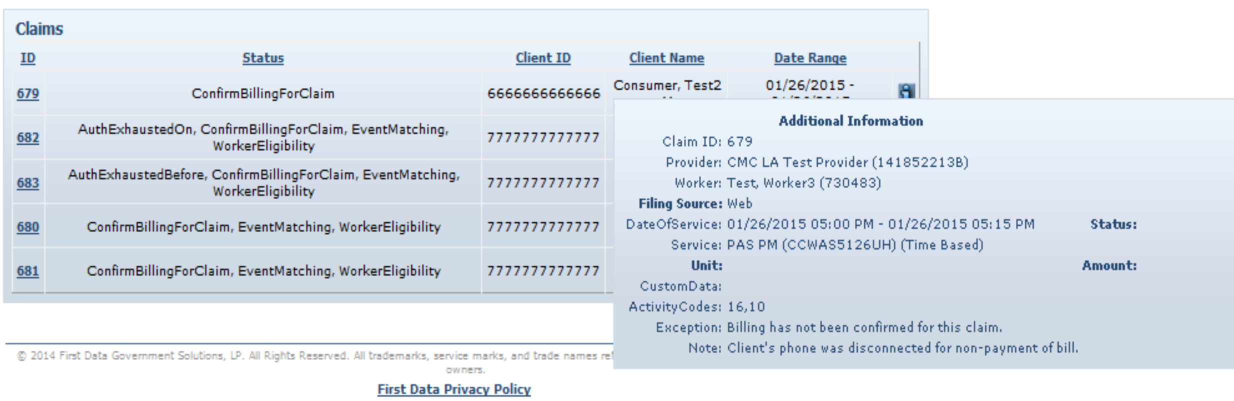
- **Client ID** – Identifies the client who received services

- **Client Name** - Identifies the client who received services.

- **Date Range** – The date or dates of the service. This indicates if a claim spanned more than one day.

- Claims are automatically listed alphabetically by client last name. Click the column heading if you wish for the search results to sort using a different column than the default. Click the heading once to change the sort to descending order for that column. Click the heading again to change it to ascending order for that column.

- Position the cursor over the **Information icon** to display an additional Information pop-up about the claim.



- The *Claim* page displays and includes the Client, Provider, Worker, Service, Check in date and time, Check out date and time and the time Amount (if required). The box on the right side notes whether the claim was created via the IVR, mobile device or web and identifies the calculated amount which takes the total time after applying rounding rules and computes the dollar amount using the rate identified on the authorization. This is the amount that AuthentiCare submits for payment. When the claim is adjudicated, the actual amount paid may be different.

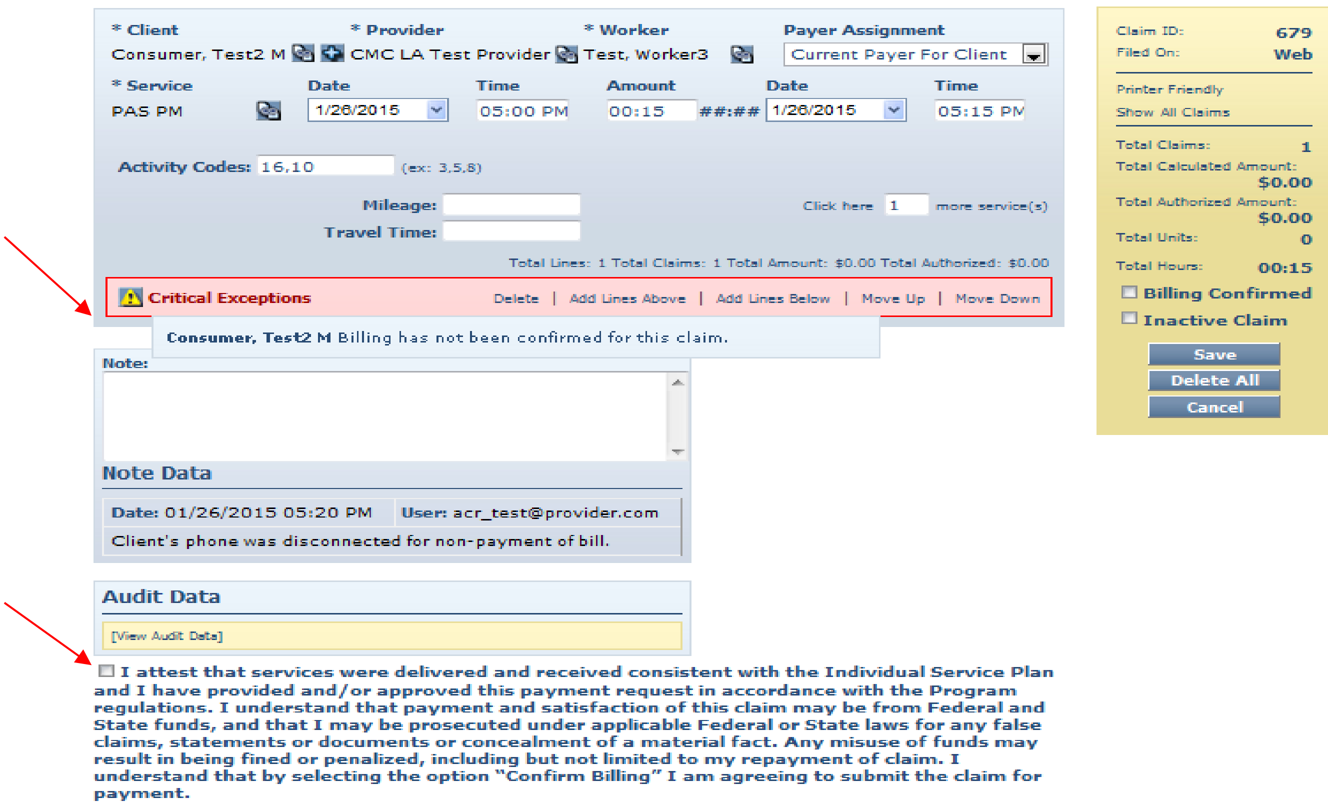
- Click on the Entity icon adjacent to the Client, Provider, Worker or Service if you wish to view the respective record for the entity.

- Note if there are any **Exceptions**.

- Position the cursor over the Exceptions icon to view the pop-up that displays the exceptions for the claim, if there are any.

When business rules are not met, a claim is marked with an exception. Exceptions are classified as Critical or Info.

Critical Exception example:



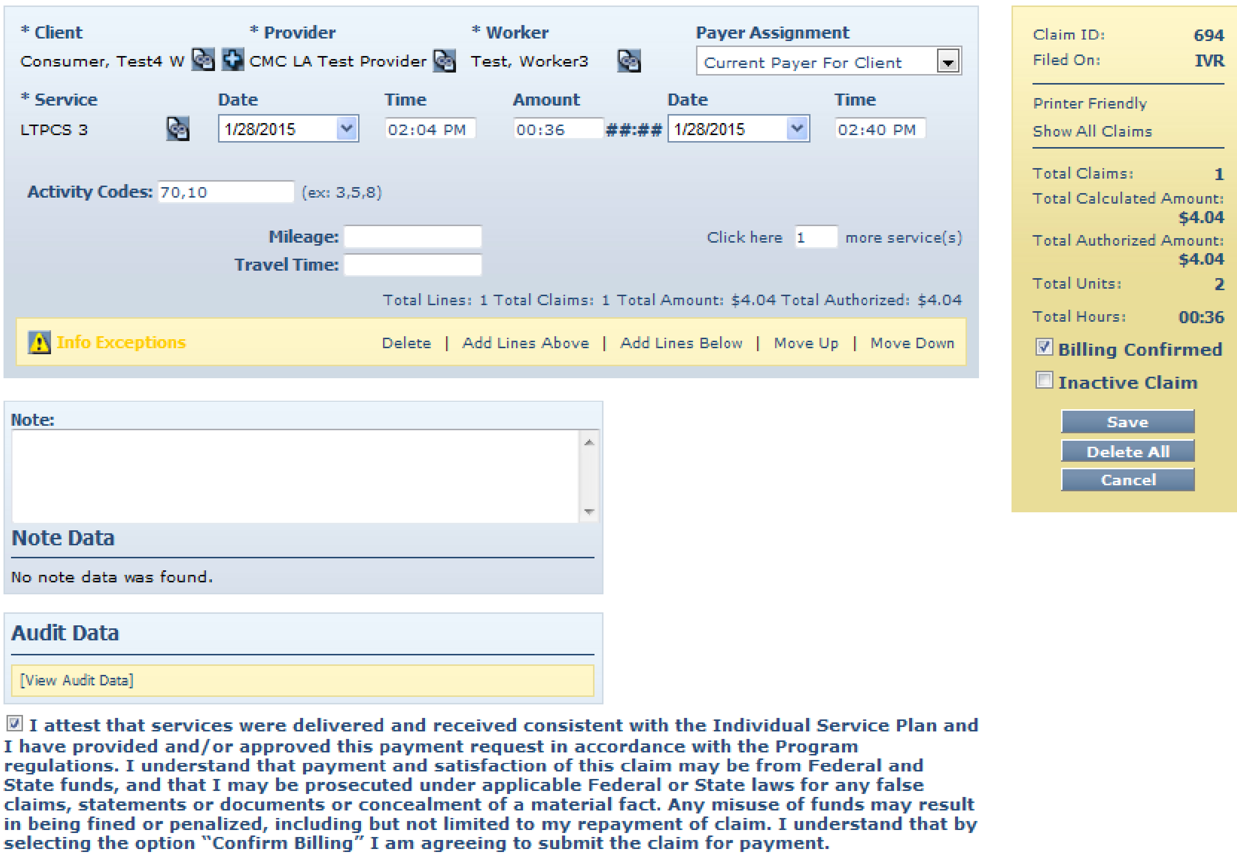
Claims with Critical Exceptions cannot be submitted for payment until the identified problem has been corrected. Critical Exceptions are listed in Appendix A.3.

Before claims can be confirmed for export, providers must attest that services were delivered and received consistent with the Individual Service Plan.

DEPARTMENT OF HEALTH AND HOSPITALS

First Data. beyond the transaction

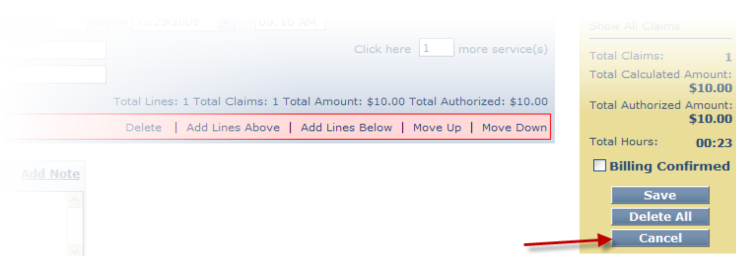
Info Exception example:



Info Exceptions or non-critical exceptions do not prevent a claim from being processed, but serves as a notice of some problem associated with the claim creation which may warrant further investigation (e.g. a check-in from a phone number not associated with the client). These exceptions are informational only and are listed in Appendix A.3.

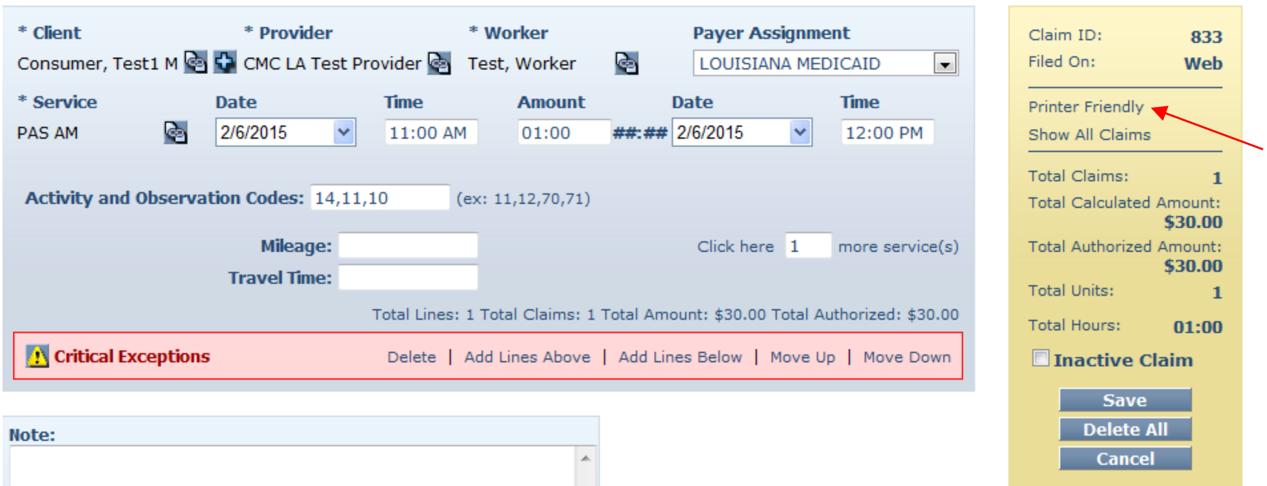
	If a worker checks in more than 120 minutes prior to the start time for the scheduled event, the claim indicates an Event Matching Info Exception. For example, if the event was scheduled from 11:00 AM to 11:30 AM and the worker checked in at 8:59 AM, AuthentiCare is not able to match the scheduled event to the actual event and an Info Exception results.

- Click **Cancel** to return to the *Claims* page which lists all of the search results.

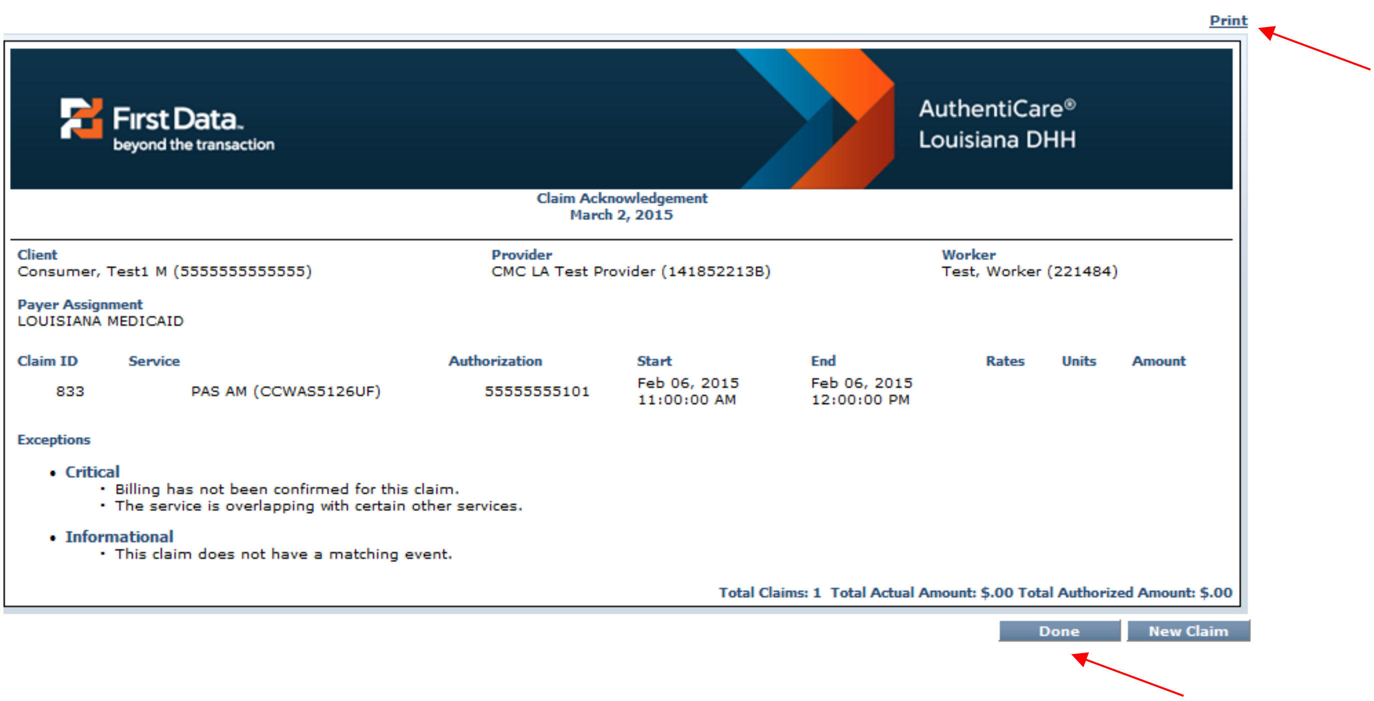


Additional Functionality on this page:

Click **Printer Friendly** to view the claim in a format that prints well.



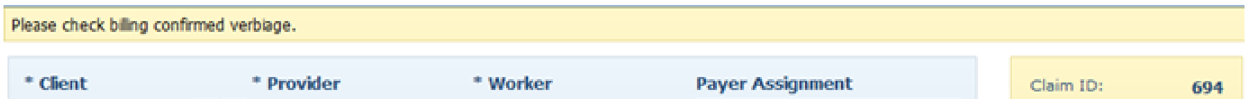
The *Claim Acknowledgment* page displays



Print the page using **Print**.

- Click **Done** to return to the *Home* page.

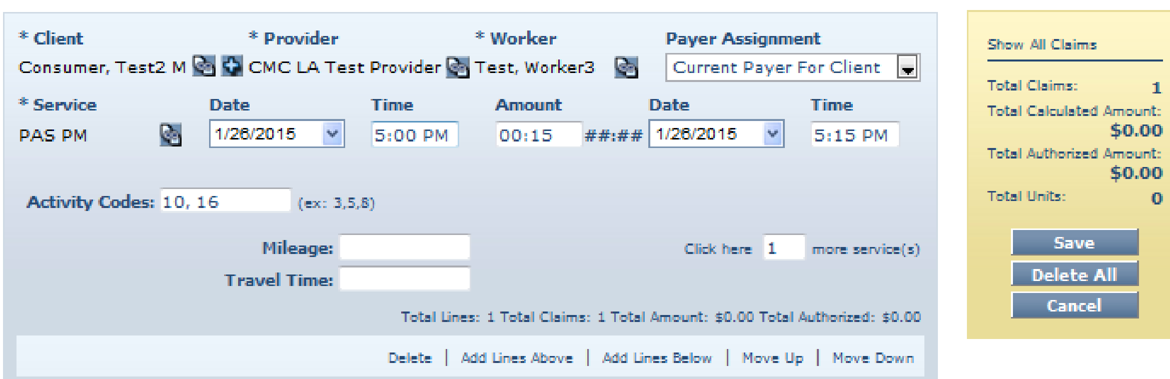
Before claims can be confirmed for export, providers must attest that services were delivered and received consistent with the Individual Service Plan. If the attestation box is not checked, providers receive an error message in the top left hand corner of the *Home* page.

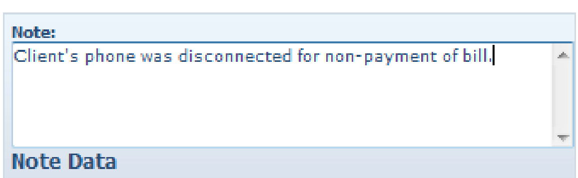


12.2 EDITING A CLAIM (CLAIMS CORRECTION)

In most situations, claims are created by workers calling from the client's home. Workers may forget to check in or check out when arriving at or leaving a client's home. They may choose the wrong service in error and fail to correct it while on the phone. In such situations, the provider is able to edit the claim by completing or correcting it.

- Search for the claim you wish to view according to the instructions in Section 12.1.
- The *Claim* page displays:





- Edit the information about the claim as necessary.
- Click **Save** to save your changes OR click **Cancel** to cancel your changes and return to the *Claims* page.

The *Claim Acknowledgement* page displays with a successful save message at the top, if you clicked **Save**.

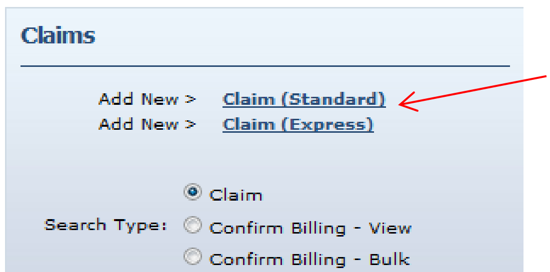
12.3 Adding an Individual (Standard) Claim

There are situations where the provider may need to add a claim using the web. For example: The worker was unable to use the IVR from the client's home (phone not working, client refused), the worker forgot to use the IVR.

1. Click **Create** in the menu bar and select "**New Claim**".

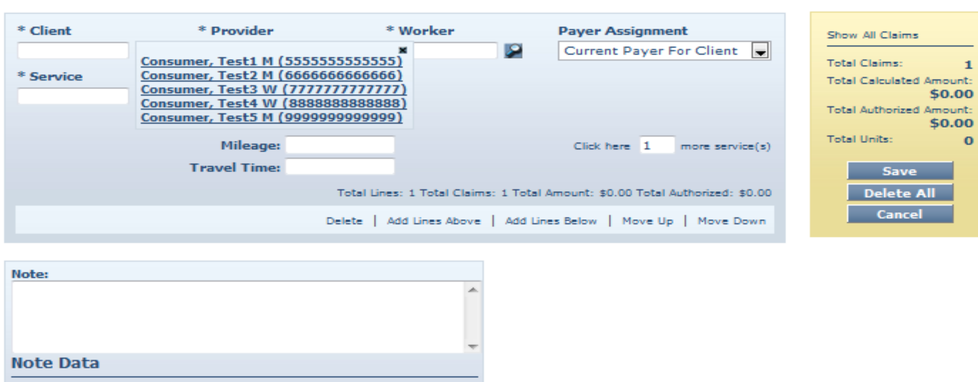
OR

1. Click **Claim (Standard)** adjacent to "Add New >" in the Claims section of the *Home* page.

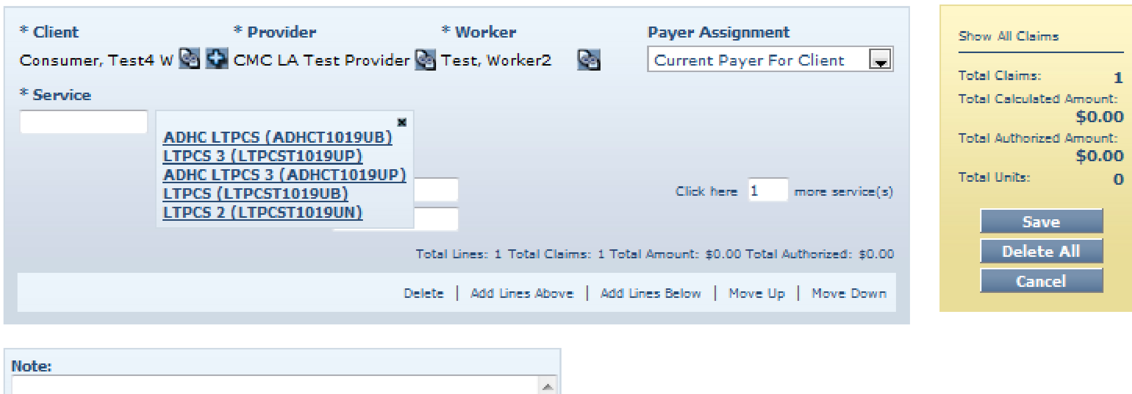


The *Claim* page displays. It is pre-populated with the name of the Provider of the User currently logged in.

2. Enter the **Client** ID, full name or partial last name and click the **Looking Glass icon**  to find the client. Then select the client from the list provided.

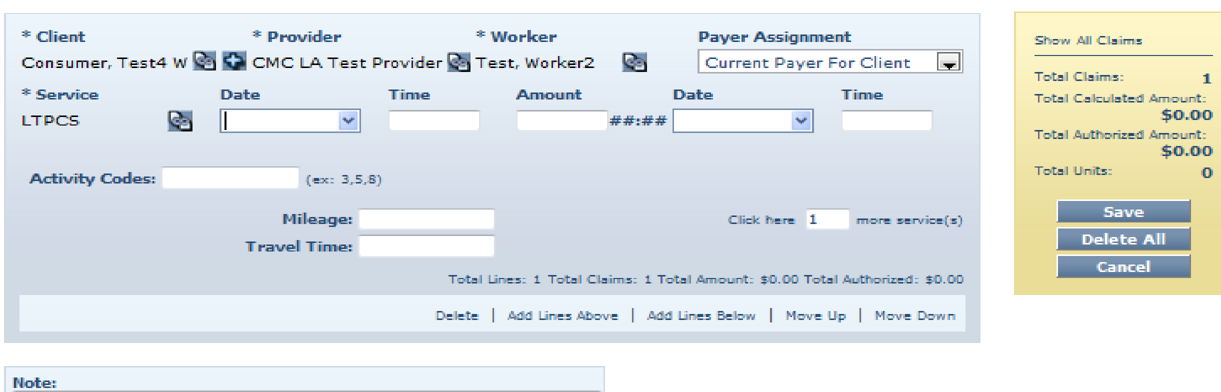


3. Enter the **Service** ID, full name or partial name and click the **Looking Glass icon** to find the service. Then select the service from the list provided.



The following fields display once the service is selected if the service is time based: Date, Time, and Amount.

4. Enter the **Worker** ID, full name or partial last name and click the **Looking Glass icon** to find the worker who performed the service. Then select the worker from the list provided.

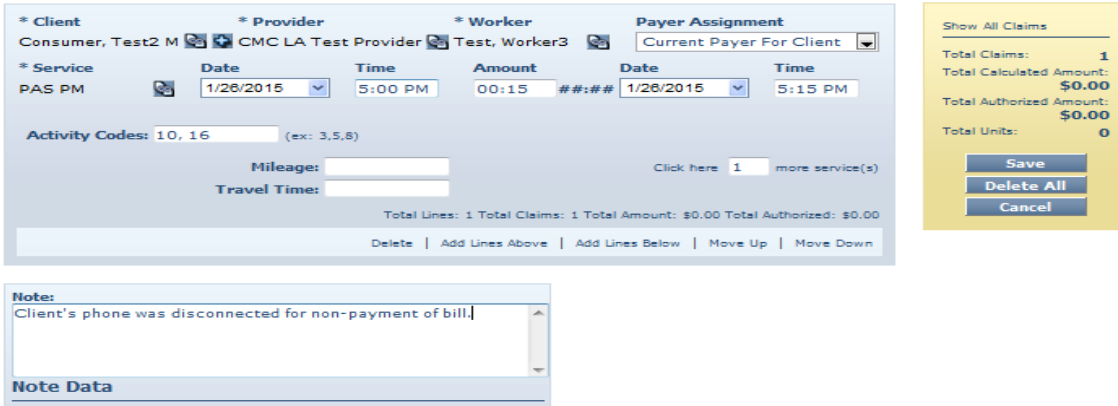


5. Enter the **Date**. This is the date the service was delivered if it was a unit-based service. If it was a time-based service, then this is the date the delivery of the service was started.

   If the service is a time-based service, proceed to Step 6. If the service is a unit-based service, proceed to Step 8.

6. Enter the **Time** the delivery of the service started. You must include AM or PM in the time entry or use military time. If it is on the hour, it is not necessary to include “:00”.

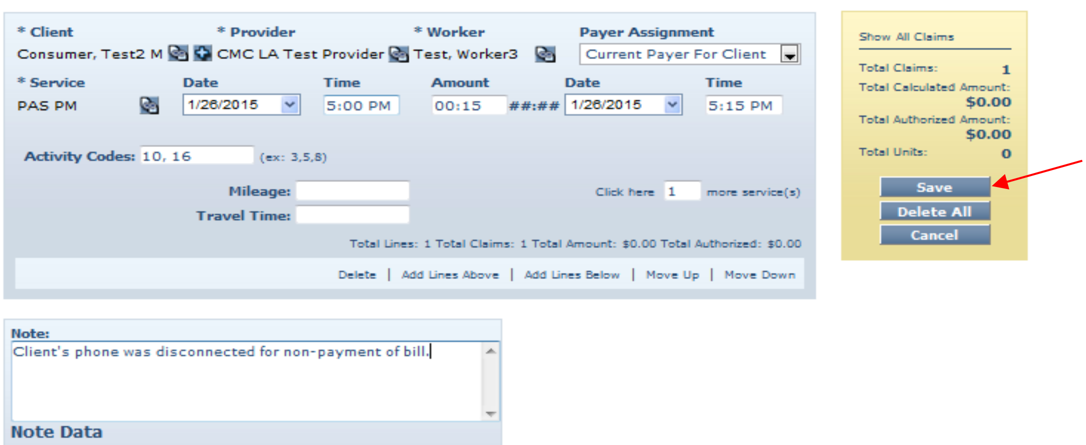
7. Enter the **Date** and **Time** the delivery of the service ended.



8. Enter the **Amount**. This is the number of units delivered.

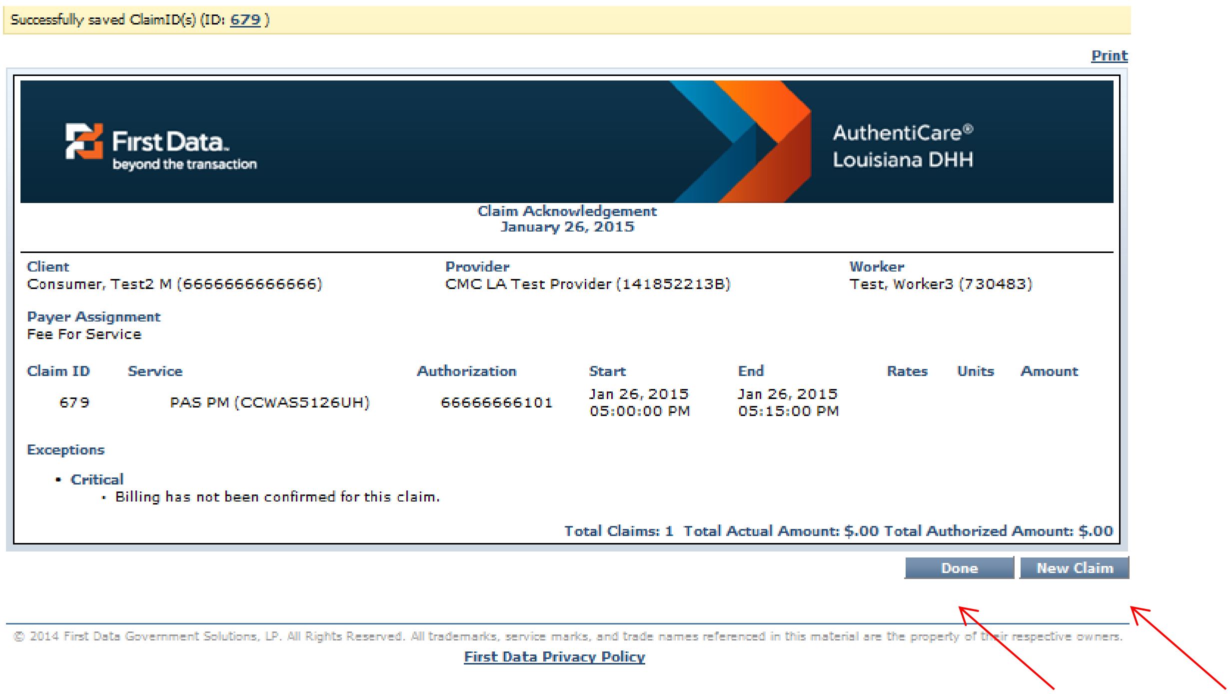
	For time-based services the amount is computed by the system based on the start date and time and the end date and time. This step is not required.

9. Click **Save** if you have completed the claim and do not need to group this claim with any other claims. If you are grouping claims, then proceed to Step 12.



	The amount for the claim (what displays on the right side of the screen) is not computed until the claim is saved.

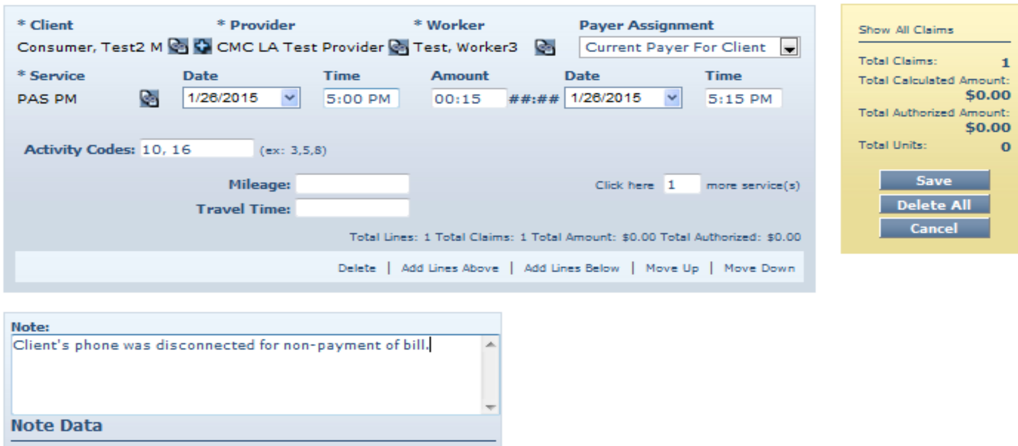
The *Claim Acknowledgement* page displays.



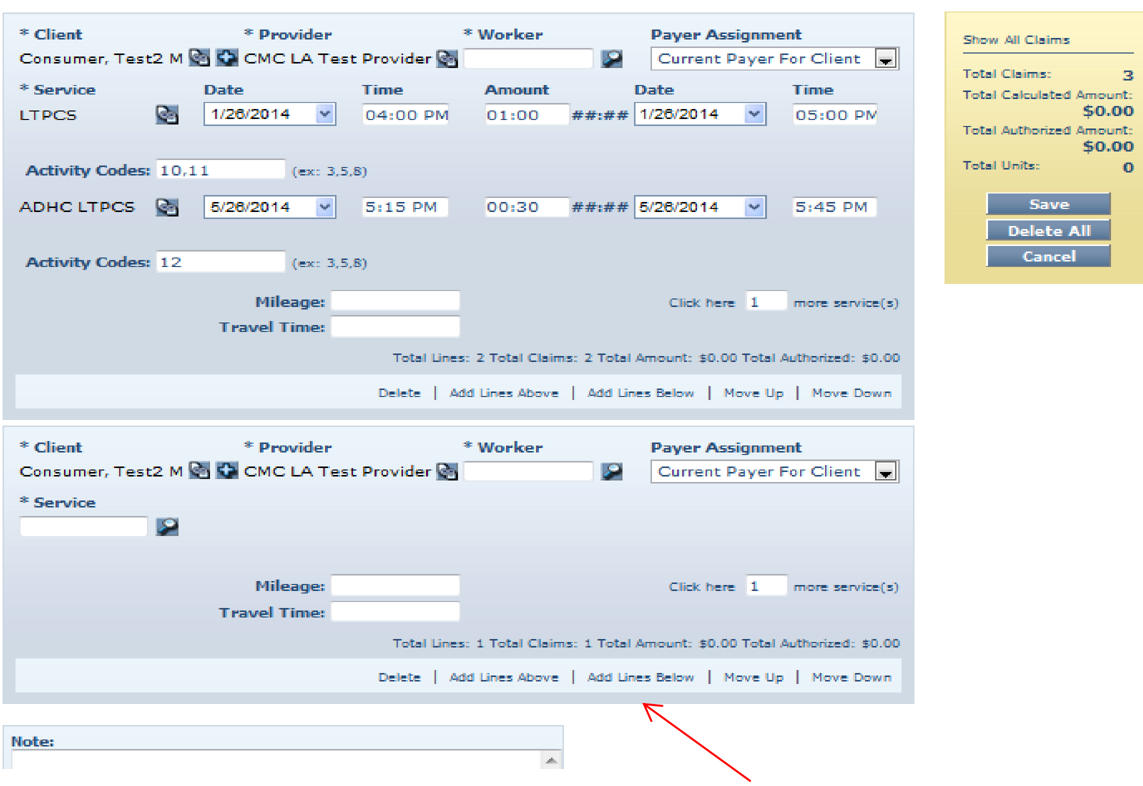
10. Click **Done** or **New Claim**. Click **Done** if you do not need to enter any other new claims. The *Home* page displays after clicking **Done**. Click **New Claim** if you need to enter additional claims. The *Claim* page displays.

	AuthentiCare checks for duplicates, at the time the claim is saved. If there is another claim for the same client/service/worker combination where the service times (check in and checkout) are within 10 minutes of the same times, a Duplicate critical exception will be noted.

12.4 GROUPING CLAIMS



Add another service to the original claim by selecting the box "**Click here –"more service."** A field opens for another service, and a field opens to add activity codes for that service.



Click **Add Lines Below.** A new claim opens below the claim you just finished.

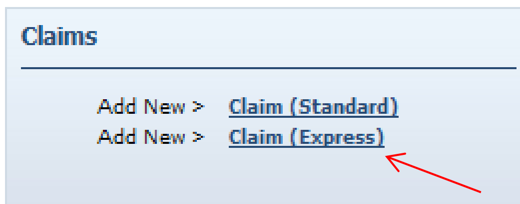
Enter the information for this additional claim. The claim pre-populates with the same client, provider, and worker of the claim above it; however, this information can be changed if needed. All of the claims in the group do not have to be for the same client and worker. Grouping claims provides a mechanism to view a number of claims on the same screen.

11. Return to Step 10 to proceed with saving all of the claims in the group.

<u>12.5</u> Adding Multiple Claims (Express Entry)

There are situations where the provider may need to add a claim using the web for the same client-worker-service combination.

12. Click **Claim (Express)** adjacent to "Add New >" in the Claims section of the *Home* page.



The *Claim* page displays. It is pre-populated with the name of the Provider of the user currently logged in.

Enter the **Client, Worker and Service** as for a single claim entry and click **Next**.

13. A list with 10 blank rows where you can enter date, time will appear.

14. There is an **Add Rows** button on each screen that allows you to add as many rows as needed.

15. When you have entered all the data

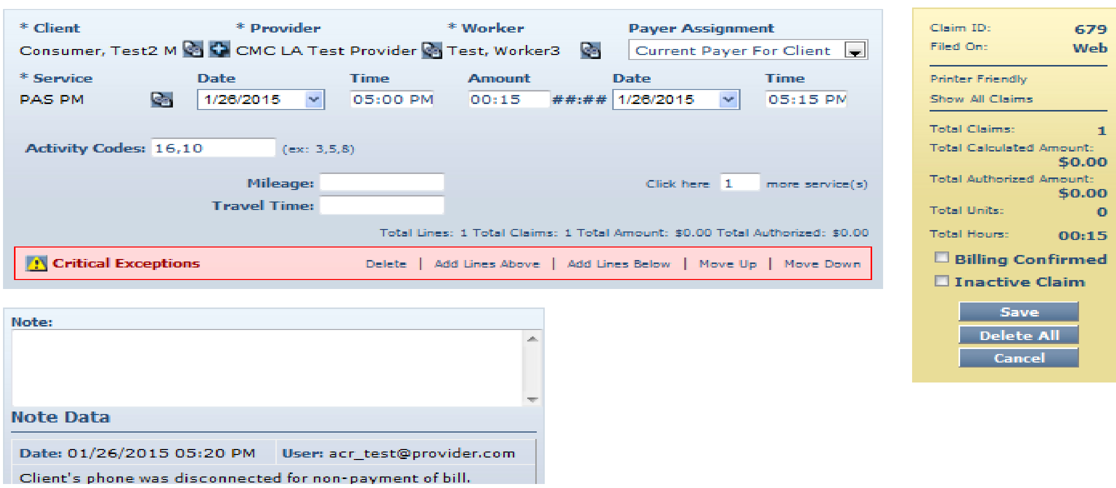
    - If you click on the **Save and Continue** button, it will save the claims and present the first **Express Claim** screen where you can enter another client, worker and service combination.

    - If you click on the **Save and Exit** button, you will return to the **Home** page.

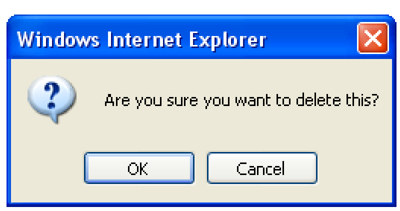
12.6 DELETING A CLAIM

If a claim was added in error, then it should be either edited or deleted. Once the claim is confirmed for billing, it cannot be deleted.

16. Click **Delete All** on the *Claim* page.

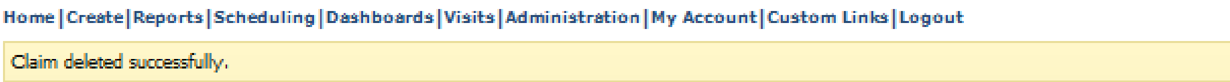


The system asks you to confirm the deletion. If you click **OK**, the claim is permanently deleted from the system. If the claim is a group of claims, they will all be permanently deleted. If you click **Cancel**, the claim is not deleted and you are returned to the *Claim* page.



17. Click **OK** to proceed with permanently deleting the claim.

    You are returned to the *Home* page which displays a message in the upper left hand corner that the claim was deleted successfully.

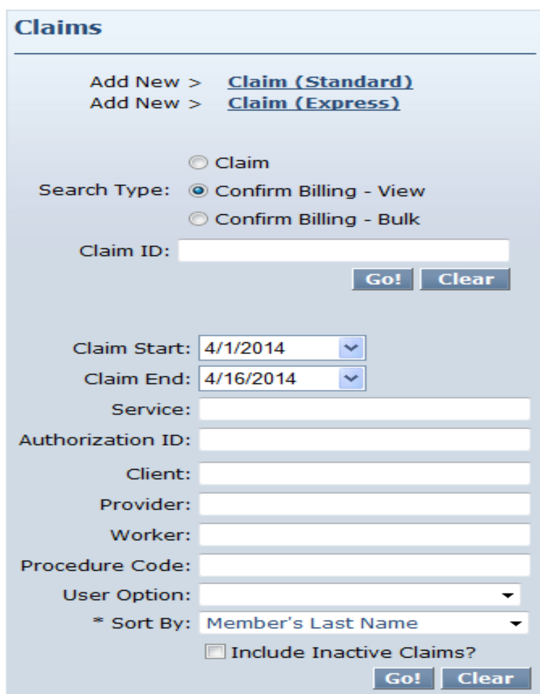


12.7 CONFIRMING A SINGLE CLAIM FOR BILLING

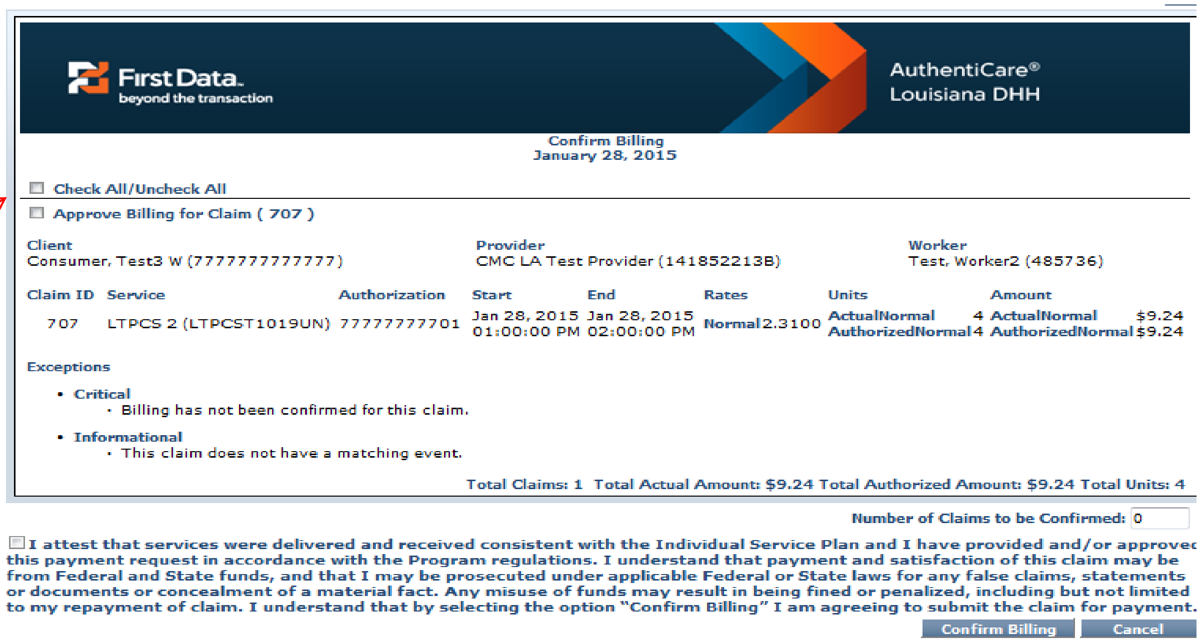
The function of confirming a single claim can take place in two areas of AuthentiCare.

Option 1

18. Select **Confirm Billing - View** as the Search Type in the *Claims* section of the *Home* page.
19. There is a **Sort By** selection at the bottom of the screen. The default is to display the claims to be confirmed alphabetically by Client's Last Name. However you can also sort by Worker's Last Name, Date of Service, Claim ID, Client ID or Worker ID.
20. Click **Go!**

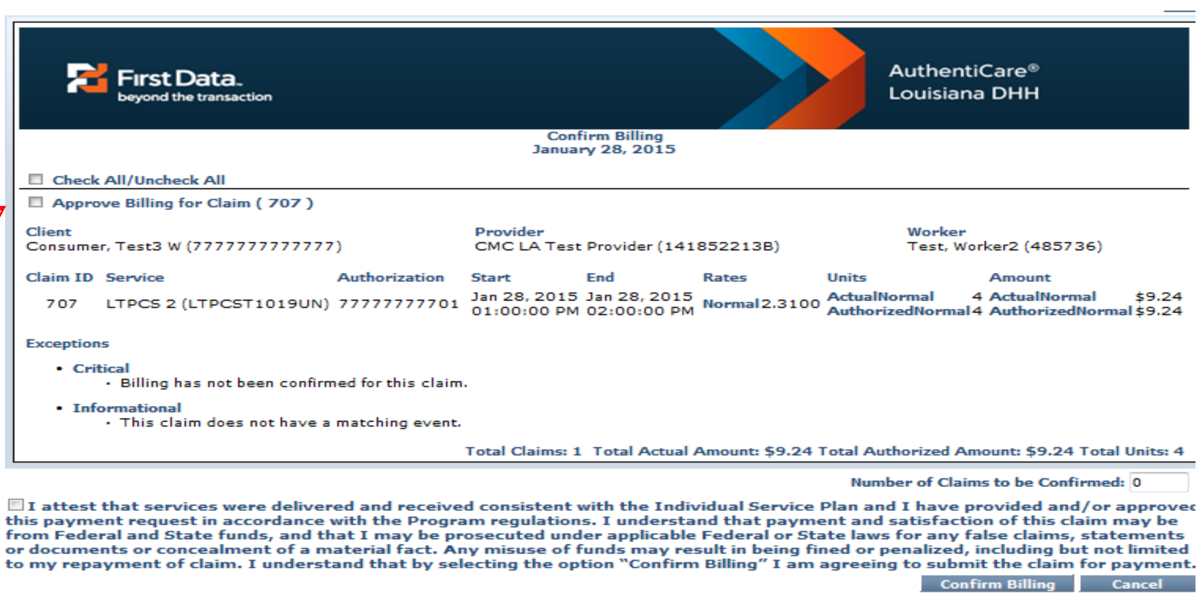


The *Confirm Billing* page displays a minimum of 1 claim to a maximum of 300 claims not yet confirmed for billing.



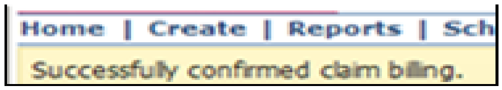
21. Click **Check All/Uncheck All** at the top of the page to select all displayed claims for confirmation. – OR -

22. Click the **checkbox** adjacent to the claim you wish to confirm.



23. Click **Confirm Billing** to confirm all selected claims.

The *Home* page displays with a successfully confirmed billing message.

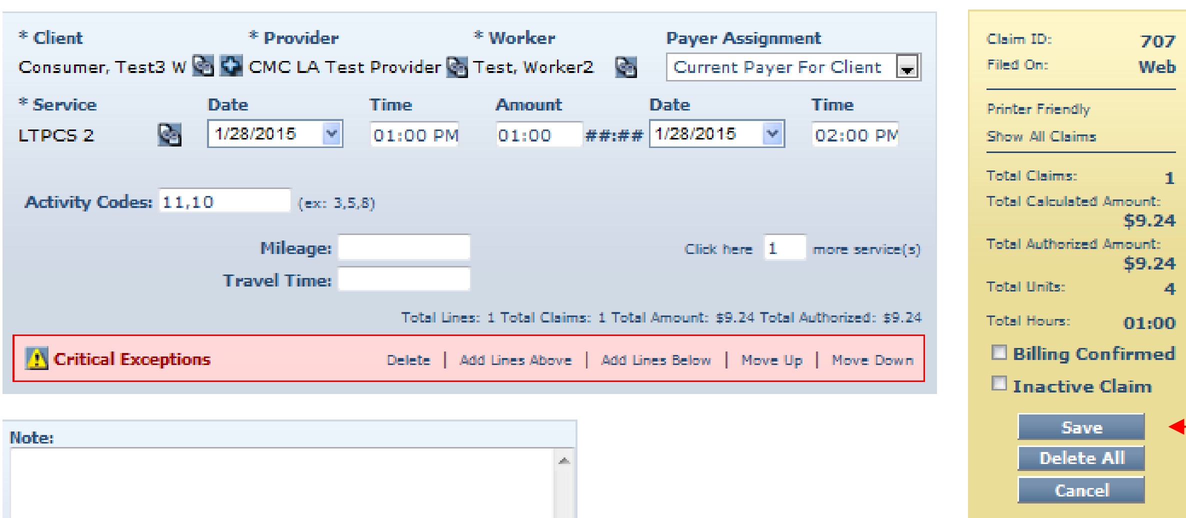


	A claim cannot be edited after it has been submitted.

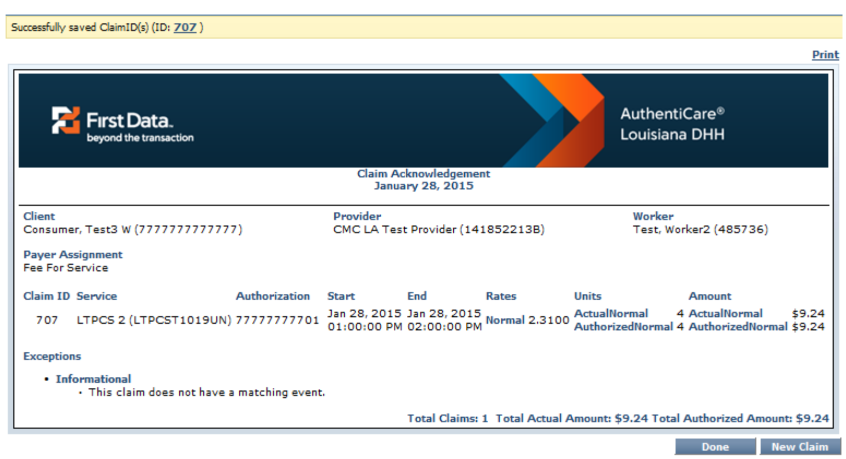
Option 2:

Search for the Claim you wish to view according to the instructions in Section 12.1. The *Claim* page displays.

1. Click the **Billing Confirm** check box and click **Save**.



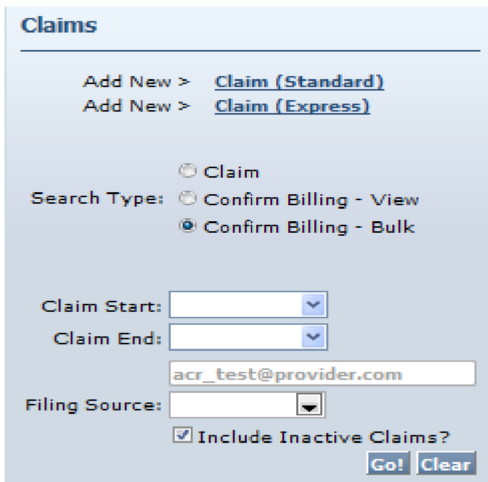
The *Claim Acknowledgement* page displays with a note that your confirmation saved successfully.



2. Click **Done** and the *Home* page displays.

12.8 Confirming Claims in Bulk

Providers have the option to choose a group of claims to be automatically confirmed by the system after hours but prior to the next submission of claims. Put in a start and end date for the Date of Service (DOS) to indicate the claims for that date range are to be confirmed in bulk. All claims filed for that date range will be chosen unless you chose a specific Filing Source (Web or IVR). When the bulk confirmation process runs, it will look at the services that are ready for confirmation and confirm those that do not have critical exceptions.



12.9 Unconfirming Claims for Further Editing

Occasionally you will need to edit a claim that has been confirmed <u>but not yet submitted</u> for adjudication. In order to edit it, you must first unconfirm it.

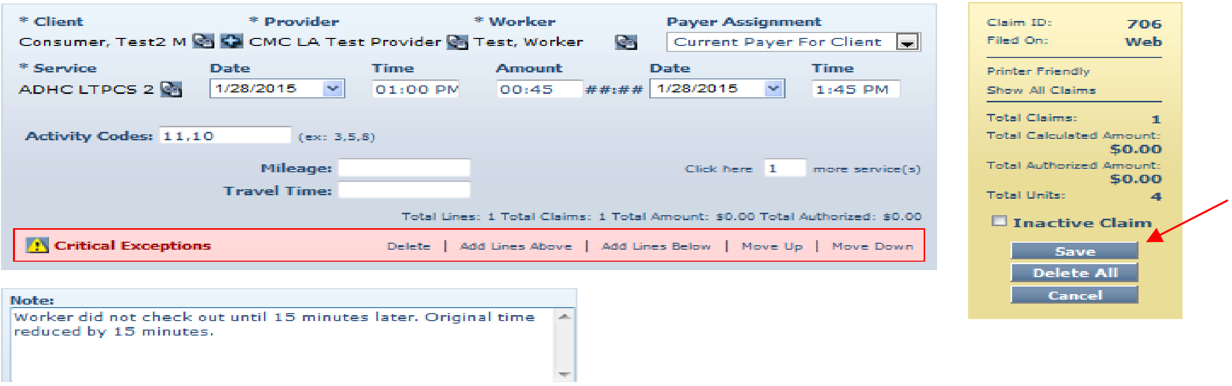
1. Open the individual claim.
2. Uncheck the **Billing Confirmation** box
3. **Save** the claim

The claim can now be edited or even deleted. It must be confirmed again before it can be exported for adjudication.

12.10 Adding Notes – Important for Claim Edit/Entry Documentation

Anytime you make an edit to an existing claim, such as changing the service (worker selected the incorrect service on the IVR), or adding a check out time (worker forgot to check out), you should also enter a note the details the change being made. Anytime you add a new claim on the web, you may also enter notes to detail the manual entry.

1. Open the individual claim



2. Add any note information in the text box provided. When finished hit Save. **IMPORTANT. The “save” button saves the claim details and the note.**

Chapter 13 Reporting

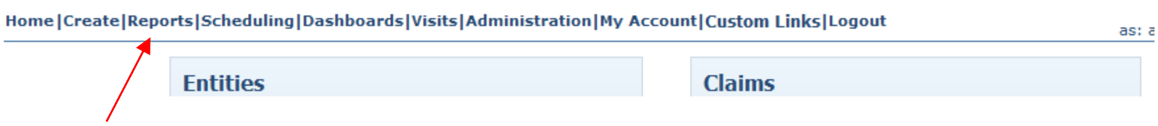
AuthentiCare includes robust reporting capabilities to assist providers and State Administrators in managing and monitoring clients, workers, schedules and claims. Reports are available 24/7 via the web and information is current as of the time a report is created.

A variety of sort and filter criteria are available to create unique reports reflecting the specific information needed. A user may filter information to produce a report which displays information related to a particular client, worker or service and within date ranges chosen by the user. The information may be sorted to display in an order that is most convenient for the user. The sort and filter options for each report are discussed more fully later in this chapter.

As discussed in earlier chapters, provider agency staff can only create reports with information related to their specific agency. State Administrators can create reports on information related to all clients.

13.1 Creating a Report

1. Click **Reports** on the Main Menu.



The *Report* page displays.

There are three sections of the Report Page:

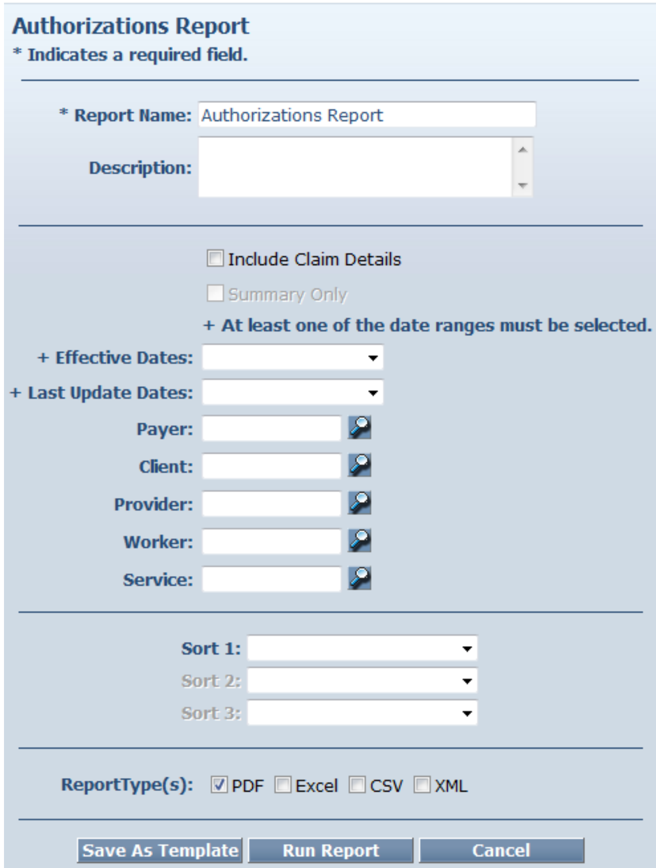
- **Report Templates** – Users can create templates for reports that are created on a regular basis. For example, there is a need for a report on Late and Missed Visits at the end of each month for all clients, a template can be created with the desired settings. Templates are addressed in more detail in Section 13.4.

- **Create Reports** – Fifteen types of reports are available for creation and each can be filtered and sorted to create a unique report to fit the user's needs. Each report name is a hyperlink that allows you to enter your filter and sort criteria and run the report. Proceed to Step 2 for further instructions.

- **View Reports** – Once a report is generated, it appears in the View Reports section of the page. Reports can be saved to the user's local drive for permanent storage and retrieval. If a report is needed at a later date and has been deleted, it can simply be rerun for the same dates. Methods of viewing reports are addressed in detail in Section 13.2.

2. Click on a report name hyperlink from the list provided in the **Create Reports** section of the *Report* page.

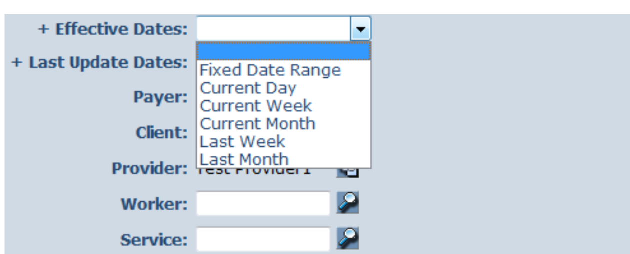
The *Authorizations Report* page was chosen for this example. It displays the filter and sort criteria for the report which are unique for the chosen report. This screen varies depending on the type of report chosen in Step 2, refer to Section 13.5 for specific filter and sort information for each type of report.



3. Enter a **Report Name**. This automatically defaults to the name of the report selected, but this name should be changed to something more descriptive. For example, if the report is for a single client, the report name can be changed to include the client's name and the date range.

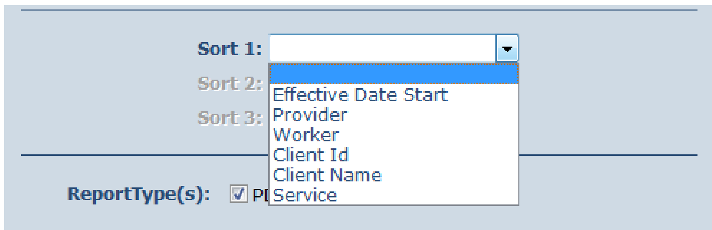
4. Enter a **Description**, if desired. This is most helpful in creating templates which are addressed in more detail in Section 13.4.

5. Choose a date range from the drop-down box for the **Dates** field. This field appears on this page for all of the reports, though it may appear as **Claim Dates** or **Effective Dates** depending on the report selected.

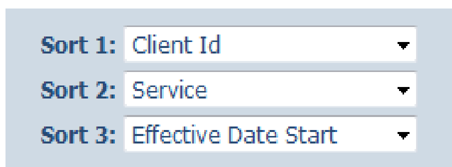


6. Enter any other filter criteria desired such as **Payer**, **Client**, **Worker**, **Service** or **Provider**. These criteria are similar for all reports. Entering one of these or a combination of these creates a unique report. If no information is added, the report includes all information for the period selected.

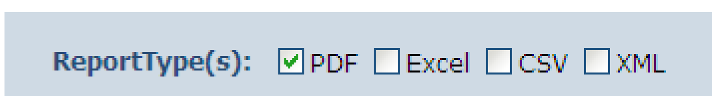
7. Select **Sort** criteria as desired. These are similar for all reports. AuthentiCare allows selection of up to three sort items.



As an example, the provider may choose to have the report sorted first by Client, then by Service, then by Date. In this example, the Sort fields would be populated as shown below.



8. Choose the Report Type(s) to indicate the format the report will be displayed. You can choose as many format types as need. If you do not choose, the report will automatically default to PDF <u>except</u> for list reports (Claims Data Listing) which default to Excel.

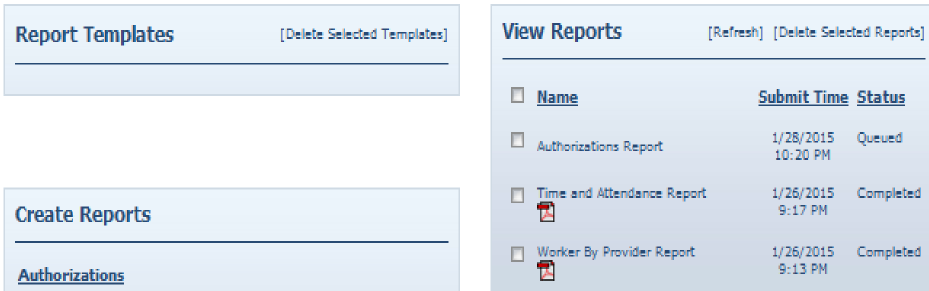


9. Click **Run Report**.

The system returns to the *Report* page. The report appears in the View Reports section of the page with a submitted time and status. The Status can be one of the following:

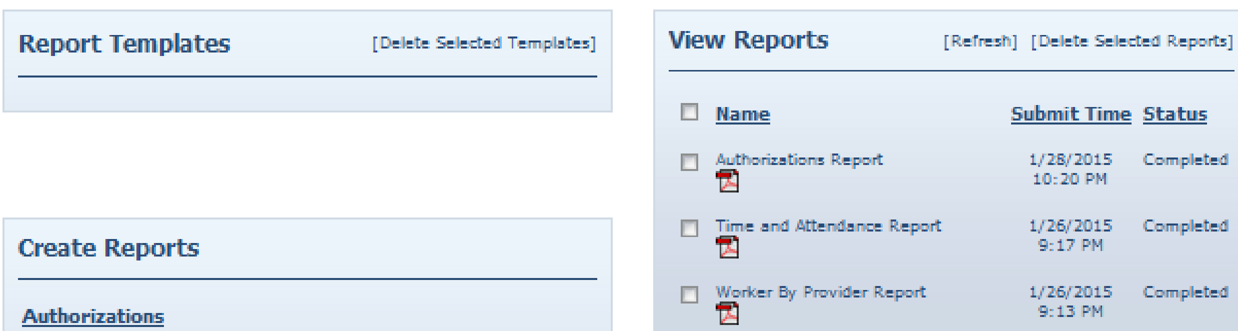
- Queued - the report is in line for processing
- In Progress – the report is being created
- Completed – the report is ready for viewing

It usually takes a few minutes for a report status to change from Queued to Completed. There is an interim status of In Progress. To view the updated status of the report, you may need to click Refresh. This refreshes the page and displays the updated status of the report.



13.2 VIEWING A REPORT

Once the Status of the Report has changed to Completed, the report may be viewed in the format(s) selected.



1. Click one of the icons under the report name to generate the report in the desired format. These icons do not appear until the status of the report is “Completed”. The icons are:

    Click this icon to open the report as an Adobe .pdf file which requires Adobe Reader to view. This format is the most convenient for printing and viewing.

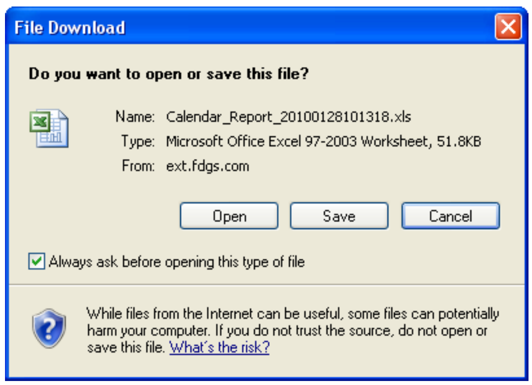
    Click this icon to open the report as an Excel spreadsheet.

   Click this icon to open the report as a CVS file. This format may be useful in importing the information to another spreadsheet or database.

   Click this icon to open the report as an XML file. Like the CSV file, this format may be useful in sending information to another source, such as a data warehouse.

	The column headings in the View Reports section are hyperlinks that change the sort order of the reports that are displayed in this section. Click the hyperlink once to change the view to ascending order based on the values in the column chosen. Click the hyperlink again to change the view to descending order based on the values in the column chosen.

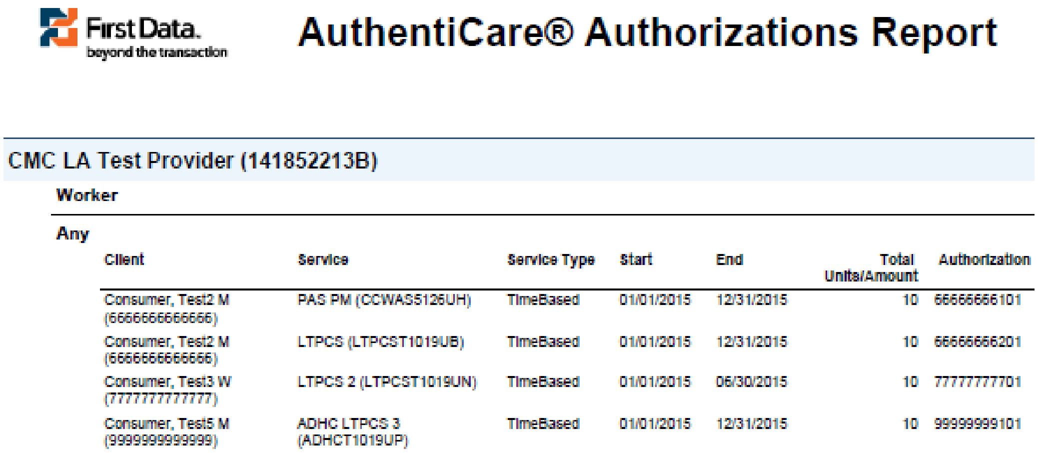
2. Click **Open** if you wish to open the report in a new window or click **Save** to save the report to a storage location such as your hard drive or a network drive. (You will not see this if you choose the Adobe .pdf option to view your report.)



The appropriate application starts based on the format you selected and the report is displayed, if you click **Open**. At that point, you may print the report if desired. The following example is from clicking the Adobe .pdf icon.

DEPARTMENT OF HEALTH AND HOSPITALS

First Data. beyond the transaction


First Data. beyond the transaction

AuthentiCare® Authorizations Report

CMC LA Test Provider (141852213B)

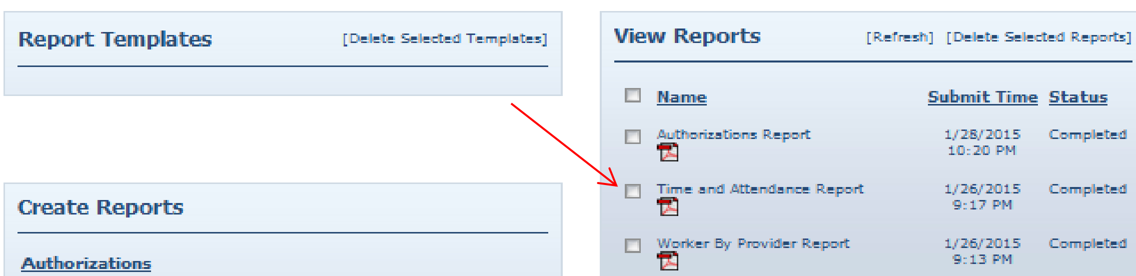
Worker

Any

Client	Service	Service Type	Start	End	Total Units/Amount	Authorization
Consumer, Test2 M (6666666666666)	PAS PM (CCWAS5126UH)	TimeBased	01/01/2015	12/31/2015	10	66666666101
Consumer, Test2 M (6666666666666)	LTPCS (LTPCST1019UB)	TimeBased	01/01/2015	12/31/2015	10	66666666201
Consumer, Test3 W (7777777777777)	LTPCS 2 (LTPCST1019UN)	TimeBased	01/01/2015	06/30/2015	10	77777777701
Consumer, Test5 M (9999999999999)	ADHC LTPCS 3 (ADHCT1019UP)	TimeBased	01/01/2015	12/31/2015	10	99999999101

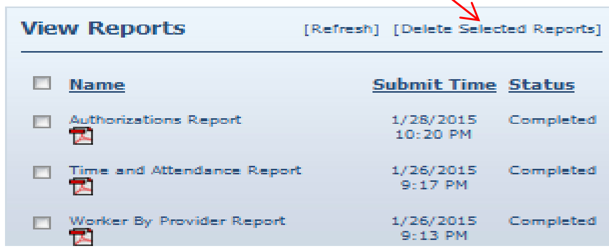
13.3 DELETING A REPORT FROM THE VIEW REPORTS SECTION

1. Click the checkbox to the left of the name of the report you wish to delete.



Clicking the checkbox next to **Name** *populates a checkmark in the checkboxes for all of the reports listed in the* View Reports *section.*

2. Click **Delete Selected Reports** if you want to permanently remove the report.



The *Report* page displays and the report is no longer listed in the **View Reports** section.

	Reports are automatically deleted three (3) days after they are created.

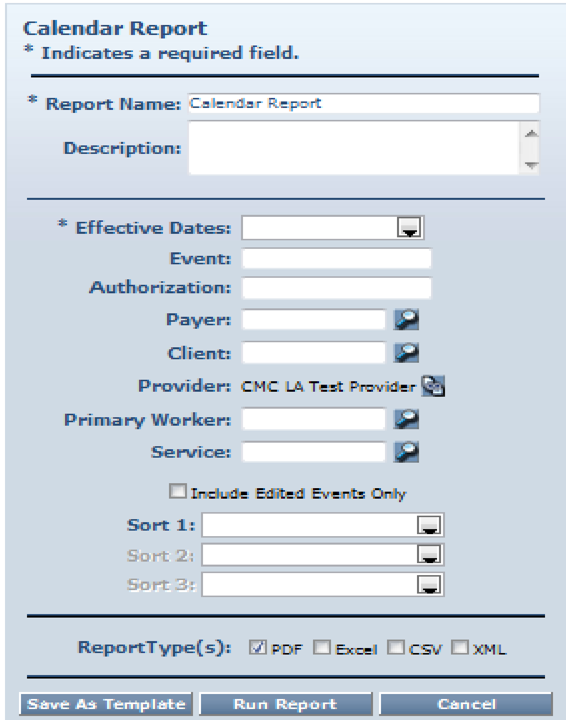
13.4 Using Report Templates

Instead of creating the same report at the end of each week, month or quarter, providers can save time by creating a template for the report. The **Calendar Report** is being used as an example for this section.

13.5 Creating Report Template

Click on a report name from the list provided in the **Create Reports** section of the *Report* page**.**

The *Calendar Report* page for the report displays. This page is where you enter the filter and sort criteria for the report.



1. Enter a unique **Report Name**. This automatically defaults to the name of the report selected, but this name should be changed to something more descriptive.

2. Enter a **Description**. This identifies the purpose of the report.

3. Choose a date range from the drop-down box for the **Effective Dates**. This varies based on the type of report. Refer to Section 13.5.

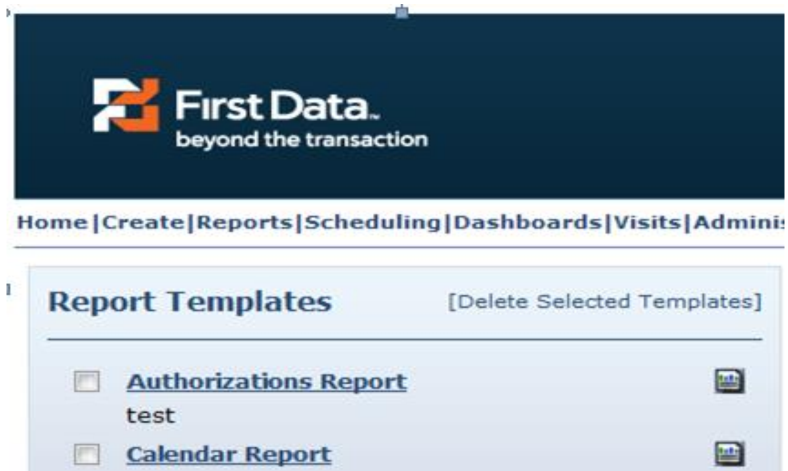
4. Enter any other filter criteria. This varies based on the type of report. Refer to Section 13.5.

5. Select **Sort** criteria as desired.

6. Select the **Report Type(s).**

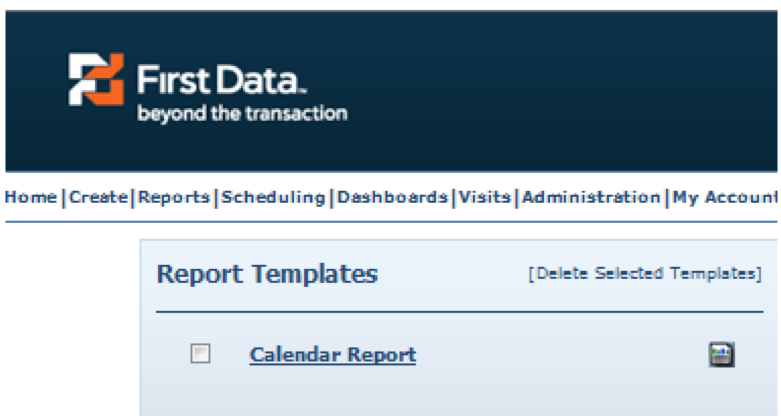
7. Click **Save as Template**.

The *Report* page displays and the template just created is included in the **Report Templates** section.

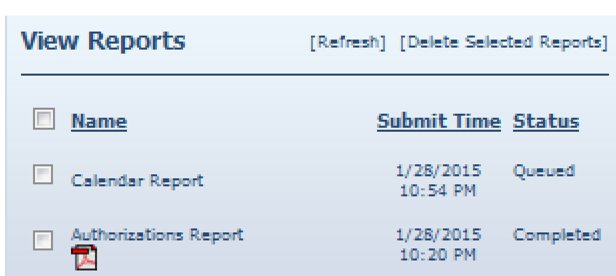


13.5.1 RUNNING A REPORT FROM A TEMPLATE

1. Click the **Run Report icon**  adjacent to the name of the template.

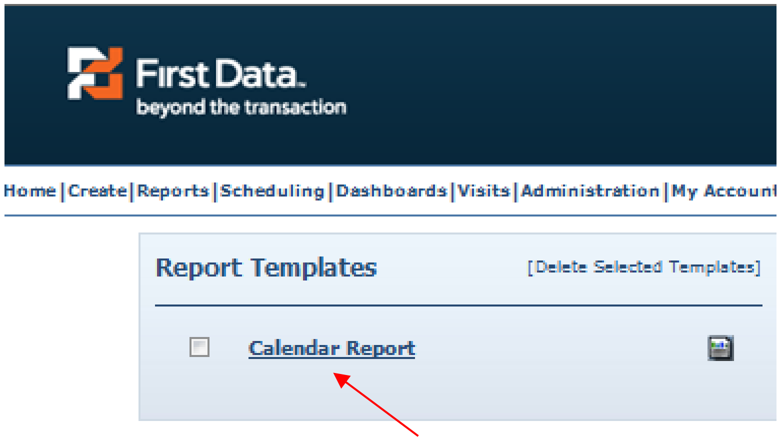


The system returns to the *Report* page. The report appears in the View Reports section of the page with a submitted time and status of “Queued”. Proceed to Section 13.2 for further instructions on viewing the report.

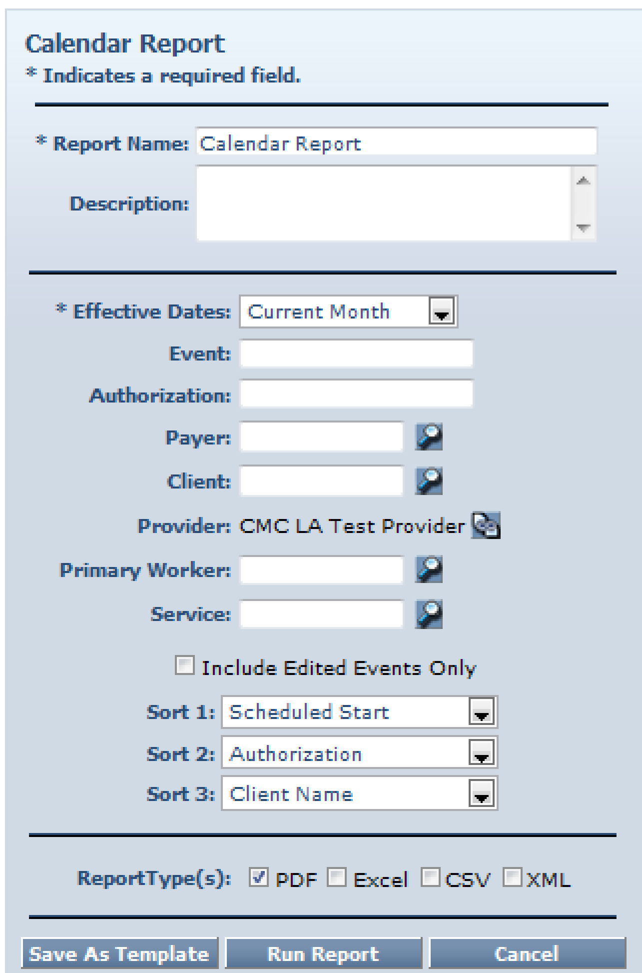


13.5.2 EDITING A REPORT TEMPLATE

1. Click the hyperlink on the name of the report.



The *Calendar Report* page displays.



2. Edit the *Calendar Report* page as desired.

3. Click **Save as Template**.

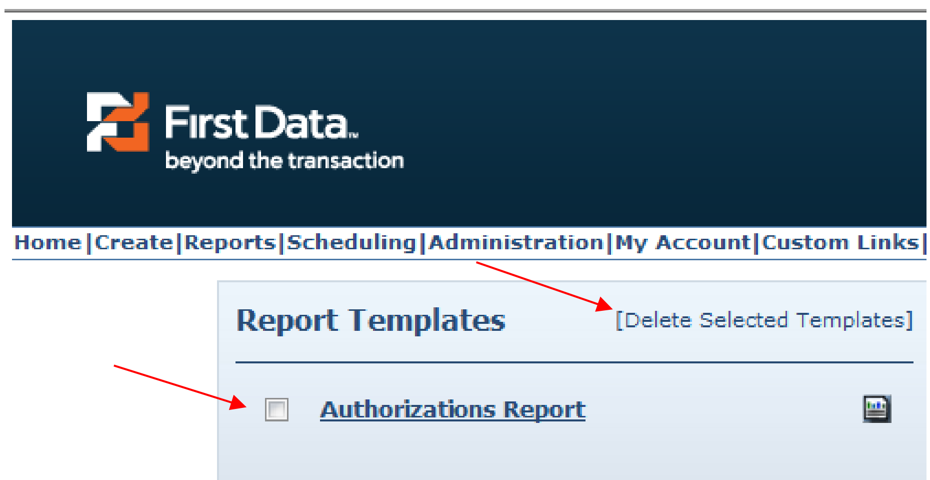
13.5.3 Deleting a Report Template

1. Click the checkbox to the left of the name of the report template you wish to delete.

2. Click **Delete Selected Templates** if you want to permanently remove the report template.

The *Report* page displays. In this example, the **Description** was modified and it now displays under the name of the Report Template.

After the delete function, the page displays, and the calendar report template deleted is no longer listed.



13.6 Report Examples

13.6.1 Authorizations Report without Claim Detail

The Authorizations Report lists all authorizations in AuthentiCare for a given time period. The report can be filtered to include only authorizations for a particular client or service. It can be sorted to display the authorizations in a certain order. For example, the provider may choose to see the authorizations sorted by service then by client. The Authorizations Report without Claim Detail does not include the claims associated with the authorizations.

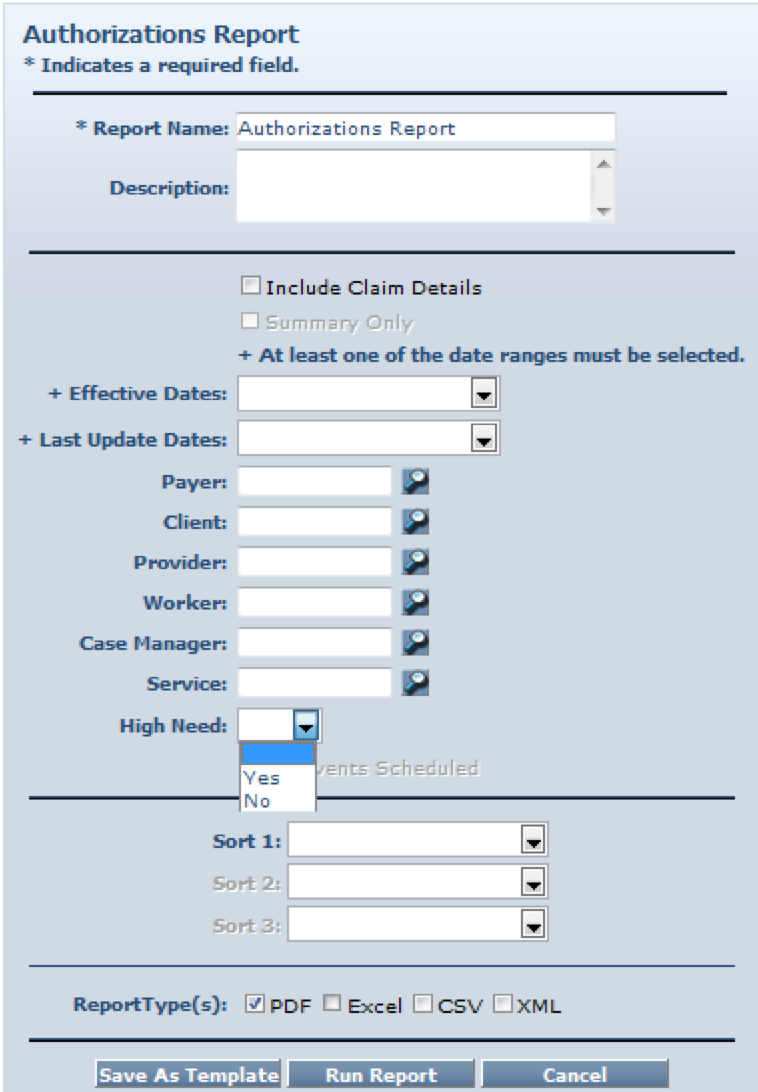
The Authorizations Report as displayed in the screenshot below only requires filter criteria for **Effective Dates** (Effective Dates of the authorization). The options include Current Day, Current Week, Current Month, Last Week, Last Month, and Fixed Date. If Fixed Date is chosen, then you must enter the “from” and “to” dates (mm/dd/yyyy).

Additional filter criteria include Payer, Client, Provider, Worker, Case Manager, Service and High Need.

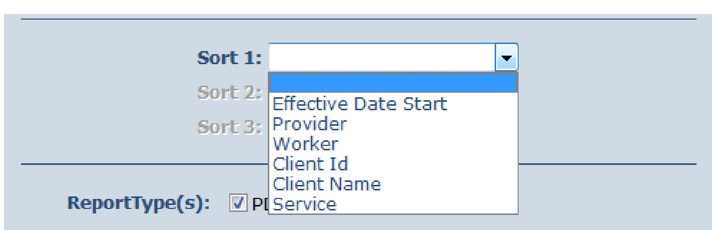
By default, the **High Need** field is blank; the available options for this field are Yes/No. Checkbox “**No Events Scheduled**” is enabled only when Yes/No options are selected for **High Need** field.

Based on the "**High Need**" option selected and the Checkbox "**No Events Scheduled**" the data is filtered in the following manner:

- If "**High Need**" is blank, the system returns all the authorizations based on the values selected for the remaining search criteria.
- If "**High Need**" is “Yes” and “**No Events Scheduled**” check box is not selected, the system will return all the authorizations with "**High Need"** value of “Y”, regardless of any events scheduled for the associated authorizations within the selected date range.
- If "**High Need"** is “Yes” and “**No Events Scheduled**” check box is selected, the system will return only those authorizations with "**High Need**" value of “Y” and has no events scheduled for the associated authorizations within the selected date range.
- If "**High Need"** is “No” and “**No Events Scheduled**” check box is unselected, the system will return all the authorizations without "**High Need**" flag regardless of any events scheduled for the associated authorizations within the selected date range.
- If "**High Need"** is “No” and “**No Events Scheduled**” check box is selected, the system will return only those authorizations without "**High Need**" flag and has no events scheduled for the authorizations within the selected date range.



The Authorizations Report can also be sorted which means that the information returned on the report is grouped by whatever sort selection is made. For instance if Client is chosen, then all of the authorizations for that client are grouped together. Below is a screenshot of the Sort options available on the Authorizations Report.



An example of the Authorizations Report:

First Data. beyond the transaction

AuthentiCare® Authorizations Report

CMC LA Test Provider (141852213B)

Worker

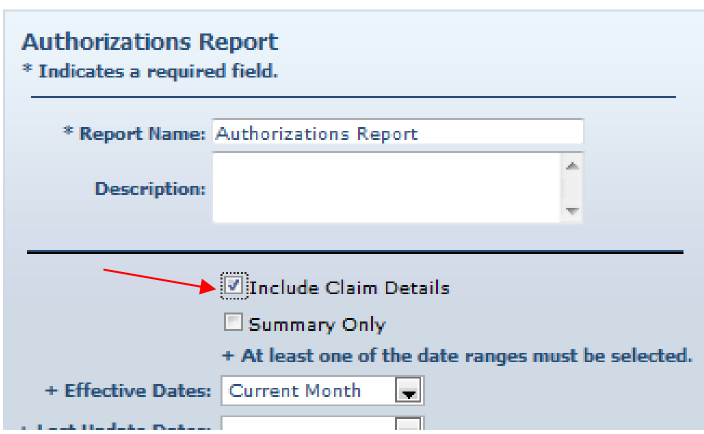
Any

Client	Service	Service Type	Start	End	Total Units/Amount	Authorization
Consumer, Test2 M (6666666666666)	PAS PM (CCWAS5126UH)	TimeBased	01/01/2015	12/31/2015	10	66666666101
Consumer, Test2 M (6666666666666)	LTPCS (LTPCST1019UB)	TimeBased	01/01/2015	12/31/2015	10	66666666201
Consumer, Test3 W (7777777777777)	LTPCS 2 (LTPCST1019UN)	TimeBased	01/01/2015	06/30/2015	10	77777777701
Consumer, Test5 M (9999999999999)	ADHC LTPCS 3 (ADHCT1019UP)	TimeBased	01/01/2015	12/31/2015	10	99999999101

13.6.2 AUTHORIZATIONS REPORT WITH CLAIM DETAIL

The Authorizations Report with Claim Detail is the same as the Authorizations Report described in Section 13.5.1; however, in addition to the authorizations, any claims associated with those authorizations are also displayed. This report provides information on the number of units remaining in the authorization based on the number of units for which there are claims.

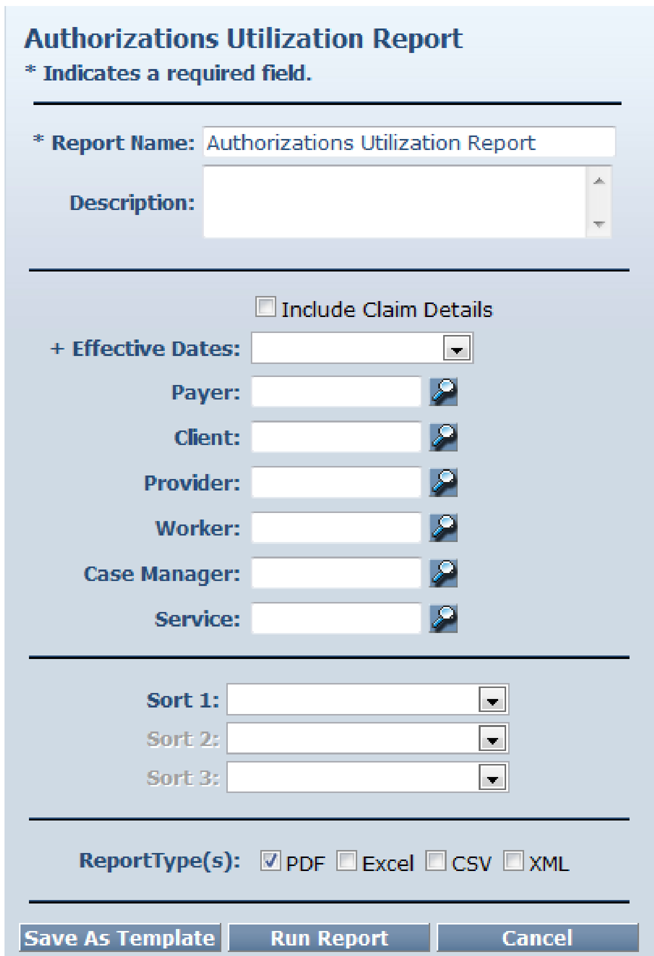
The filter and sort criteria are the same as the Authorizations Report without Claim Detail, but you must check the **Include Claim Details** checkbox.



13.6.3 AUTHORIZATIONS UTILIZATION

The Authorizations Utilization Report lists all the authorizations and the summary of claims filed using those authorizations with the count of units used up for a given time period. The claims are grouped by the service period. The report can be filtered to include only authorizations for a particular client or service. It can be sorted to display the authorizations in a certain order.

The Authorizations Utilization Report as displayed in the screenshot below only requires filter criteria for **Effective Dates** (Effective Dates of the authorization). The options include Current Day, Current Week, Current Month, Last Week, Last Month, and Fixed Date. If Fixed Date is chosen, then you must enter the "from" and "to" dates (mm/dd/yyyy). Additional filter criteria include Payer, Client, Provider, Worker, Case Manager and Service.



The Authorizations Utilization Report requested in pdf looks like this:

First Data. beyond the transaction

AuthentiCare® Authorizations & Claims Utilization Report

AuthorizationXRef

77777777701

Client	Provider	Start	End	Service	Total Units	GrandTotal Units
Consumer, Test3 W (7777777777777)	CMC LA Test Provider (141852213B)	01/01/2015	06/30/2015	LTPCS 2 (LTPCST1019UN)	10	280

Week Of Service Period	Total Claims	Units Used
01/11/2015 - 01/17/2015	1	10

Claim	Claim Start	Claim End	Auth Units
765	01/15/2015 01:03 PM	01/15/2015 06:03 PM	10

Week Of Service Period	Total Claims	Units Used
01/18/2015 - 01/24/2015	1	10

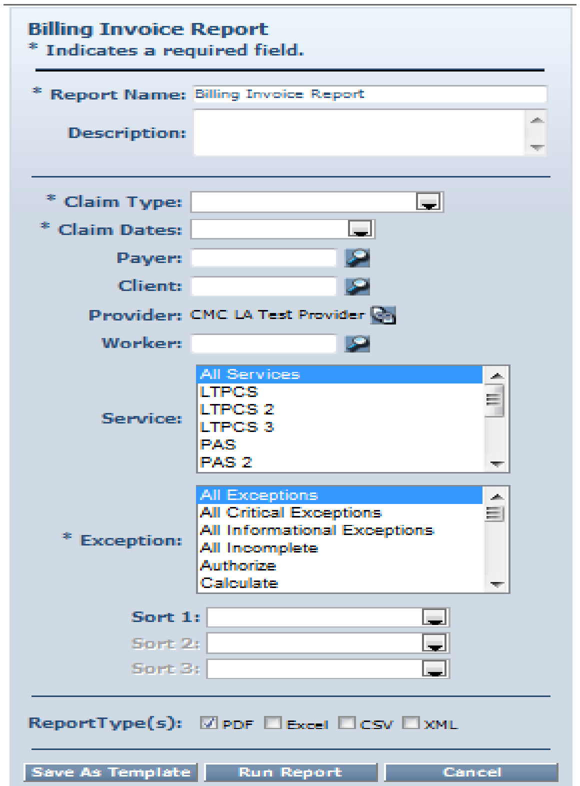
13.6.4 Billing Invoice Report

The Billing Invoice report gives a list of claims for each service date, along with the billing status and amount. With this report, providers have documented what was submitted each day and then monitor the Remittance Advice to ensure that each claim was adjudicated as expected.

The Billing Invoice Report as displayed in the screenshot below has several filter criteria. **Claim Type**, **Claim Dates**, and **Exception** are all required when running the report.

Select the **Claim Type** from All Claims, Exported Claims Only, Non-Exported Claims Only or Specific Claim. If Specific Claim is chosen, you must supply a Claim number for the claim on which you wish to report.

Select the **Claim Dates** from Current Day, Current Week, Current Month, Current Quarter, Current Year, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a “from” and “to” date (mm/dd/yyyy).



The Billing Invoice Report requested in PDF looks like this:

Page 1 of 4

First Data. beyond the transaction

AuthentiCare® Billing Invoice Report

Report Date: March 02, 2015 12:57:51 PM
Date Range: 3/1/2015 to 3/31/2015
Provider Id:
Worker Id:
Client ID:

Total Records Returned: 21
Claim Type: All Claims

Filtered By: Date Range,Claim Type, Service, Exception
Sort by: DateOfService,LastName,WorkerName
Case Manager Id:
Service: All
Exception:All

Provider Id : 141852213B — Provider Name: CMC LA Test Provider

Date Of Service: 1/7/2015

Claim Number	Client Name	Medicaid Number	Client ID	Claim Status	Service	Worker Name	Check In	Check Out	Actual Unit	Auth Unit	Paid Amount	Billed Amount	Payment Date	Export Date	Exceptions	Payer Name
881	Consumer, Test3	7777777777777	777777777777	NoExcpts	LTPCST 1019UN	Test, Worker3	5:00PM	7:00PM	8	8	0.00	18.48		03/02/2015	C1, E1, I2	LOUISIANA MEDICAID
								Daily Totals :	8	8	0.00	18.48			3	

Date Of Service: 1/28/2015

Claim Number	Client Name	Medicaid Number	Client ID	Claim Status	Service	Worker Name	Check In	Check Out	Actual Unit	Auth Unit	Paid Amount	Billed Amount	Payment Date	Export Date	Exceptions	Payer Name
707	Consumer, Test3	7777777777777	777777777777	InfoExcpts	LTPCST 1019UN	Test, Worker2	1:00PM	2:00PM	4	4	0.00	9.24	08/11/2014	03/02/2015	E1	LOUISIANA MEDICAID
894	Consumer, Test4	8888888888888	888888888888	InfoExcpts	LTPCST 1019UP	Test, Worker3	2:04PM	2:40PM	2	2	0.00	4.04		03/02/2015	E1	LOUISIANA MEDICAID
								Daily Totals :	6	6	0.00	13.28			2	
								Provider Totals:	14	14	0.00	31.76			5	

Provider Id : 003486705A — Provider Name: VOID PRESCRIBER ONLY

Date Of Service: 1/21/2015

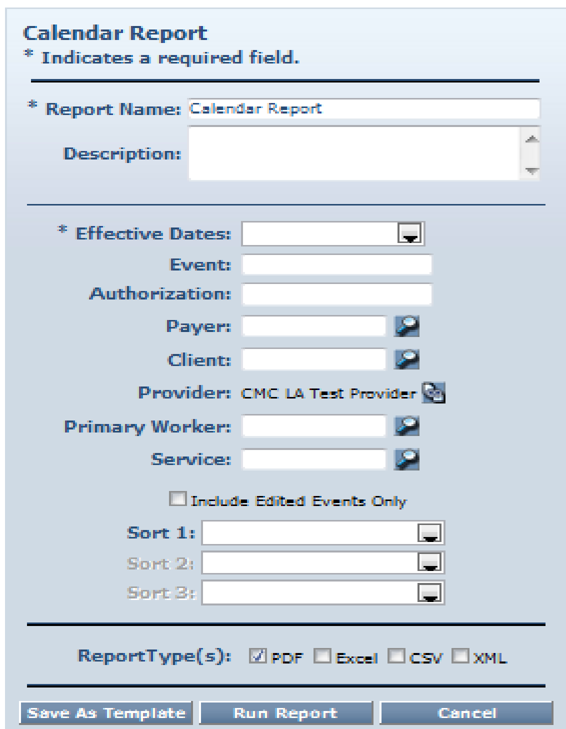
Claim Number	Client Name	Medicaid Number	Client ID	Claim Status	Service	Worker Name	Check In	Check Out	Actual Unit	Auth Unit	Paid Amount	Billed Amount	Payment Date	Export Date	Exceptions	Payer Name
819	Test, Client-1	0119140000001	0119140000001	InfoExcpts	CCWAS 5125	Test, Worker-1	2:01PM	2:25PM	2	2	0.00	5.58		03/02/2015	E1	LOUISIANA MEDICAID
								Daily Totals :	2	2	0.00	5.58			1	

13.6.5 Calendar Report

The Calendar Report lists all scheduled events for a selected time period. The report can be filtered to include only events related to a particular client, worker or service. The report can be generated by the day, by the week or by the month.

The Calendar Report as displayed in the screenshot below only requires a filter criteria for **Effective Dates** which include Current Day, Current Week, Current Month, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a “from” and “to” date (mm/dd/yyyy).

The appointments by default are displayed in Central Time.



An example of this report shows sorting by worker:

First Data. beyond the transaction

AuthentiCare® Calendar Report

Test, Worker3 (730483) — **Event Total: 3**

Event	Scheduled Start	Scheduled End	Client	Provider	Service	Authorization ID	Edit Reason
427	1/26/2015 5:15:00 PM	1/26/2015 5:45:00 PM	Consumer, Test2 M (6666666666666) 6789 Anywhere Lane Anytown, LA 70802 2255557777	CMC LA Test Provider (141852213B)	PAS PM (CCWAS5126UH)	66666666101	None
424	1/26/2015 8:00:00 PM	1/26/2015 9:15:00 PM	Consumer, Test3 W (7777777777777) 7890 Anywhere Lane Anytown, LA 70802 2255558888	CMC LA Test Provider (141852213B)	LTPCS 2 (LTPCST1019UN)	77777777701	None
424	1/29/2015 8:00:00 PM	1/29/2015 9:15:00 PM	Consumer, Test3 W (7777777777777) 7890 Anywhere Lane Anytown, LA 70802 2255558888	CMC LA Test Provider (141852213B)	LTPCS 2 (LTPCST1019UN)	77777777701	None

Test, Worker2 (485736) — **Event Total: 5**

Event	Scheduled Start	Scheduled End	Client	Provider	Service	Authorization ID	Edit Reason
425	1/26/2015 9:15:00 PM	1/26/2015 10:00:00 PM	Consumer, Test5 M (9999999999999) 9012 Anywhere Lane Anytown, LA 70802 2255550123	CMC LA Test Provider (141852213B)	ADHC LTPCS 3 (ADHCT1019UP)	9999999101	None
423	1/27/2015 7:00:00 AM	1/27/2015 8:15:00 AM	Consumer, Test2 M (6666666666666) 6789 Anywhere Lane Anytown, LA 70802 2255557777	CMC LA Test Provider (141852213B)	PAS PM (CCWAS5126UH)	66666666101	None

13.6.6 Claim Data Listing Report

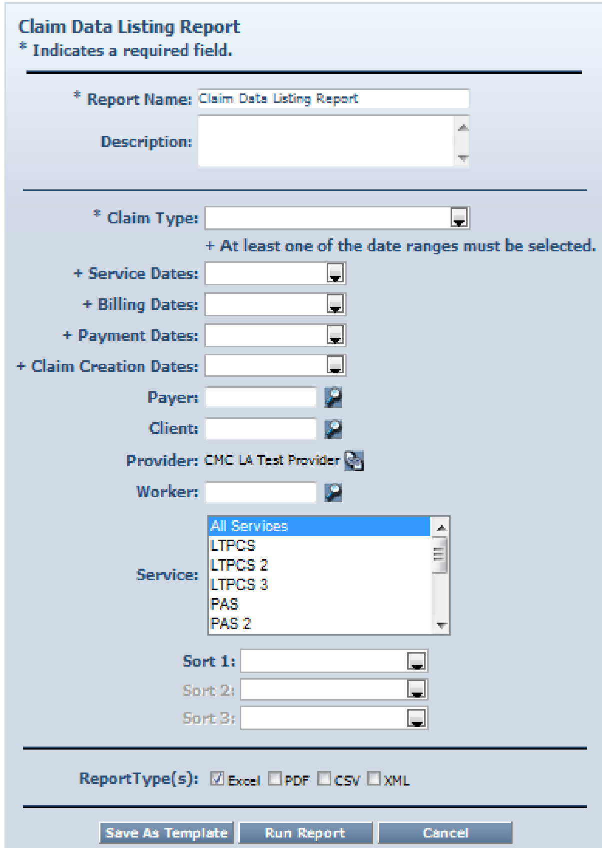
The AuthentiCare Claim Data Listing Report gives a provider the ability to download claims data as needed for use in the back-end systems. As with the other AuthentiCare reports, the provider must select report criteria on the criteria pages.

The Claim Data Listing Report is a report that lists, by provider and worker, all services performed during a given time period and the total dollars billed.

The report has a column for external worker ID for the provider-specific worker ID if used by the provider.

The report also has a column for "claim create date" and the report can be sorted by that date.

This report is a useful tool for Louisiana DHH monitoring or for the provider who needs to know the services delivered by their workers for a specified time period. The list report is a very simple format with a row of column headings followed by a list of data rows so that it is easily integrated with other back office systems.



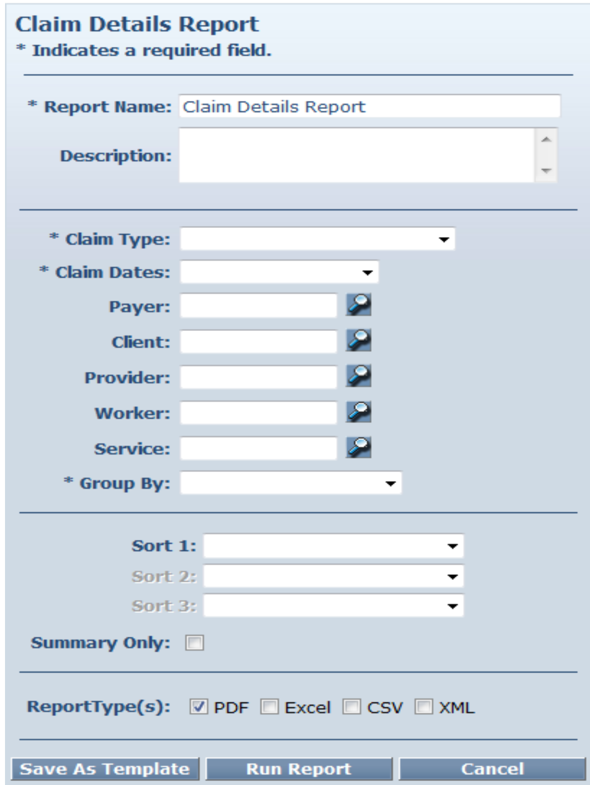
An example of the Claim Data Listing Report:

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Claim Id	Provider Id	Provider Name	Worker Id	Worker Name	External Worker ID	Client Id	Client Billing Medicaid ID	Client Name	Team Assignment	Case Manager Id	Case Manager Name	Service	Date of Service
680	141852213B	CMC LA Test Provider	730483	Test, Worker3		7777777777777		Consumer, Test3 W				LTPCST1019 UN	01/01/2015
682	141852213B	CMC LA Test Provider	730483	Test, Worker3		7777777777777		Consumer, Test3 W				LTPCST1019 UN	01/05/2015
681	141852213B	CMC LA Test Provider	730483	Test, Worker3		7777777777777		Consumer, Test3 W				LTPCST1019 UN	01/07/2015
683	141852213B	CMC LA Test Provider	730483	Test, Worker3		7777777777777		Consumer, Test3 W				LTPCST1019 UN	01/09/2015
679	141852213B	CMC LA Test Provider	730483	Test, Worker3		6666666666666		Consumer, Test2 M				CCWAS5126 UH	01/26/2015

13.6.7 CLAIM DETAILS REPORT

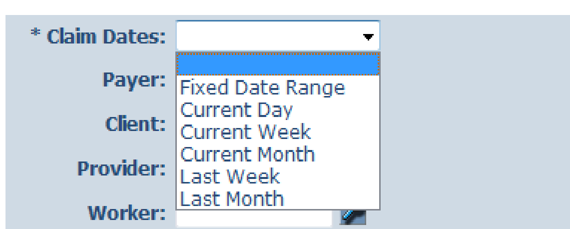
The Claim Details Report lists all claims in AuthentiCare for the time period specified. The report can be filtered to include only certain types of claims (for example, claims that have been exported for billing) or only claims for a particular client, worker and/or service. It can also be sorted to display the claims in a specific order.

The Claim Details Report as displayed in the screenshot below has several filter criteria. **Claim Type**, **Claim Dates**, and **Group By** are all required when running the report.

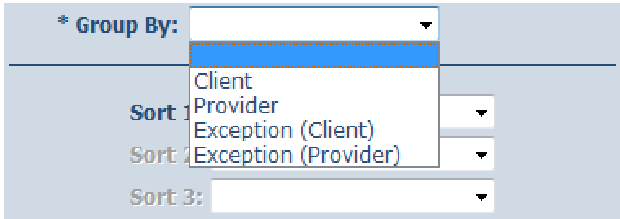


Select the **Claim Type** from All Claims, Exported Claims Only, Non-Exported Claims Only or Specific Claim. If Specific Claim is chosen, you must supply a Claim number for the claim on which you wish to report.

Select the **Claim Dates** from Current Day, Current Week, Current Month, Current Quarter, Current Year, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a “from” and “to” date (mm/dd/yyyy).

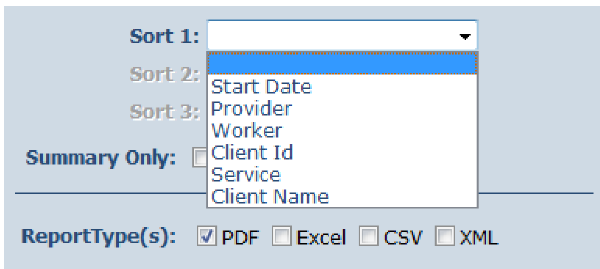


Select **Group By** so the claims listed are grouped according to your selection. The options include Client, Provider, Exception (Client), and Exception (Provider).

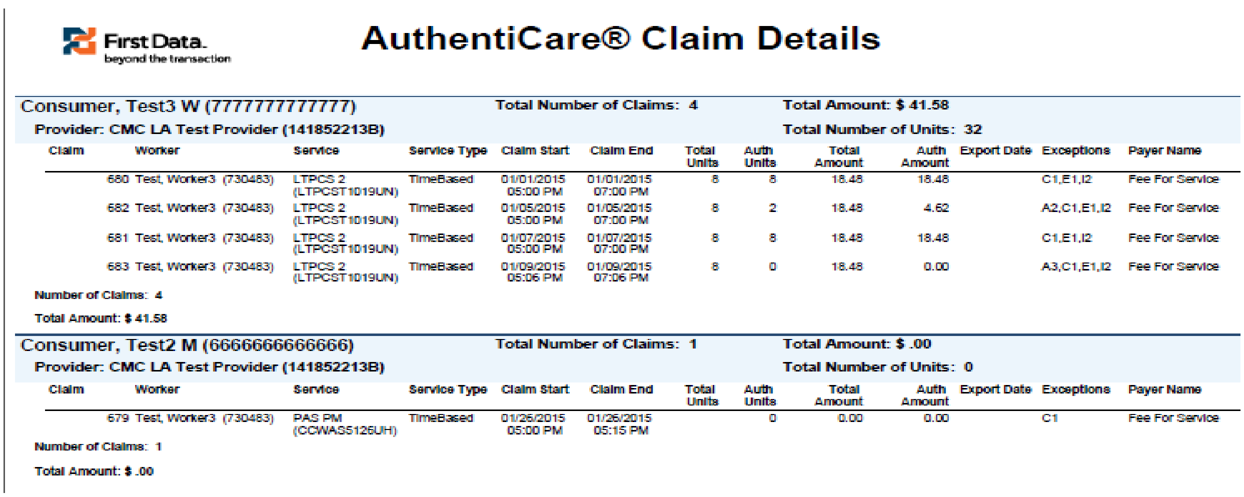


Additional filter criteria include Payer, Client, Provider, Worker and Service.

If desired, you may also select sort criteria which include Start Date, Provider, Client, Worker, and Service. This determines the order of the data within the group selected in Group By.



An example of a Claim Details report:



First Data. beyond the transaction

AuthentiCare® Claim Details

Consumer, Test3 W (7777777777777) — Total Number of Claims: 4 — Total Amount: $ 41.58

Provider: CMC LA Test Provider (141852213B) — Total Number of Units: 32

Claim	Worker	Service	Service Type	Claim Start	Claim End	Total Units	Auth Units	Total Amount	Auth Amount	Export Date	Exceptions	Payer Name
680	Test, Worker3 (730483)	LTPCS 2 (LTPCST1019UN)	TimeBased	01/01/2015 05:00 PM	01/01/2015 07:00 PM	8	8	18.48	18.48		C1,E1,I2	Fee For Service
682	Test, Worker3 (730483)	LTPCS 2 (LTPCST1019UN)	TimeBased	01/05/2015 05:00 PM	01/05/2015 07:00 PM	8	2	18.48	4.62		A2,C1,E1,I2	Fee For Service
681	Test, Worker3 (730483)	LTPCS 2 (LTPCST1019UN)	TimeBased	01/07/2015 05:00 PM	01/07/2015 07:00 PM	8	8	18.48	18.48		C1,E1,I2	Fee For Service
683	Test, Worker3 (730483)	LTPCS 2 (LTPCST1019UN)	TimeBased	01/09/2015 05:06 PM	01/09/2015 07:06 PM	8	0	18.48	0.00		A3,C1,E1,I2	Fee For Service

Number of Claims: 4

Total Amount: $ 41.58

Consumer, Test2 M (6666666666666) — Total Number of Claims: 1 — Total Amount: $ .00

Provider: CMC LA Test Provider (141852213B) — Total Number of Units: 0

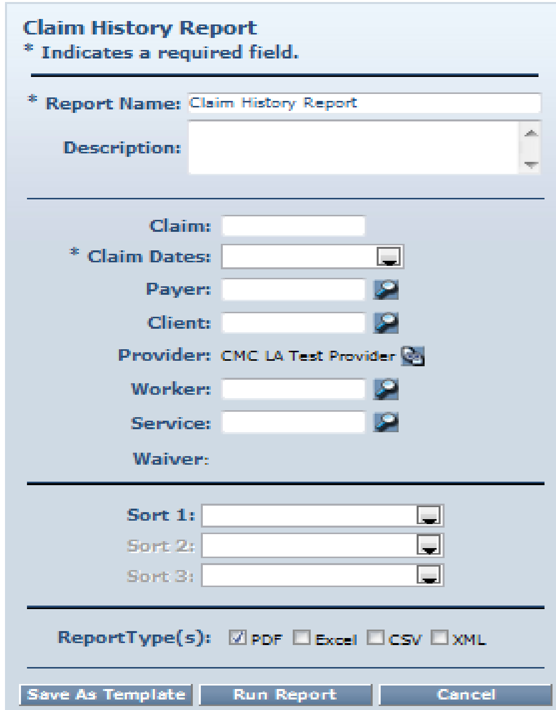
Claim	Worker	Service	Service Type	Claim Start	Claim End	Total Units	Auth Units	Total Amount	Auth Amount	Export Date	Exceptions	Payer Name
679	Test, Worker3 (730483)	PAS PM (CCWAS5126UH)	TimeBased	01/26/2015 05:00 PM	01/26/2015 05:15 PM		0	0.00	0.00		C1	Fee For Service

Number of Claims: 1

Total Amount: $ .00

13.6.8 CLAIM HISTORY REPORT

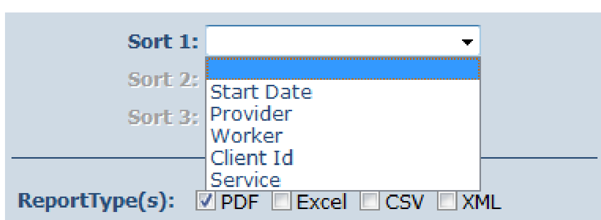
The Claim History Report lists the detail of changes made to a claim or group of claims for auditing purposes. For example, a claim was confirmed for billing and there is a need to know who confirmed it.



The Claim History Report as displayed in the screenshot only requires a filter for **Claim Dates** which include Current Day, Current Week, Current Month, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a “from” and “to” date (mm/dd/yyyy).

Additional filter criteria include Claim (to report on a specific claim), Payer, Client, Provider, Worker and Service.

If desired, you may also select sort criteria which include Start Date, Provider, Client, Worker, and Service.



An example of the Claim History report:

AuthentiCare® Claim History

Claim: 680

Client: Consumer, Test3 W (7777777777777) | Provider: CMC LA Test Provider (141852213B) | Worker: Test, Worker3 (730483)

Last Update	Updated By	Service	Service Type	Claim Start	Claim End	Actual Units	Auth Units	Actual Amt	Auth Amt	Exceptions	Payer
1/26/2015 5:46:04 PM	acr_test@provider.com	LTPCS 2 (LTPCST 1019UN)	TimeBased	01/01/2015 05:00 PM	01/01/2015 07:00 PM	8	8	18.48	18.48	C1,E1,I2	Fee For Service

Claim: 682

Client: Consumer, Test3 W (7777777777777) | Provider: CMC LA Test Provider (141852213B) | Worker: Test, Worker3 (730483)

Last Update	Updated By	Service	Service Type	Claim Start	Claim End	Actual Units	Auth Units	Actual Amt	Auth Amt	Exceptions	Payer
1/26/2015 5:46:05 PM	acr_test@provider.com	LTPCS 2 (LTPCST 1019UN)	TimeBased	01/05/2015 05:00 PM	01/05/2015 07:00 PM	8	2	18.48	4.62	A2,C1,E1,I2	Fee For Service

Claim: 681

Client: Consumer, Test3 W (7777777777777) | Provider: CMC LA Test Provider (141852213B) | Worker: Test, Worker3 (730483)

Last Update	Updated By	Service	Service Type	Claim Start	Claim End	Actual Units	Auth Units	Actual Amt	Auth Amt	Exceptions	Payer
1/26/2015 5:46:05 PM	acr_test@provider.com	LTPCS 2 (LTPCST 1019UN)	TimeBased	01/07/2015 05:00 PM	01/07/2015 07:00 PM	8	8	18.48	18.48	C1,E1,I2	Fee For Service

Claim: 683

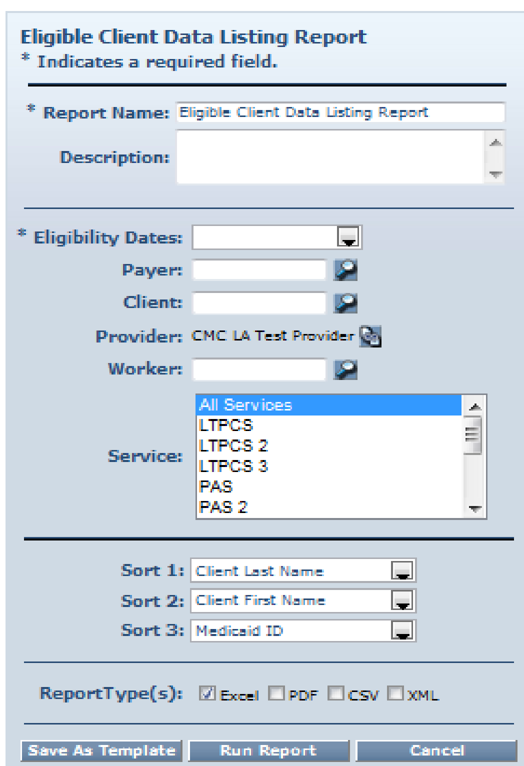
Client: Consumer, Test3 W (7777777777777) | Provider: CMC LA Test Provider (141852213B) | Worker: Test, Worker3 (730483)

Last Update	Updated By	Service	Service Type	Claim Start	Claim End	Actual Units	Auth Units	Actual Amt	Auth Amt	Exceptions	Payer
1/26/2015 5:46:05 PM	acr_test@provider.com	LTPCS 2 (LTPCST 1019UN)	TimeBased	01/09/2015 05:06 PM	01/09/2015 07:06 PM	8	0	18.48	0.00	A3,C1,E1,I2	Fee For Service

January 26, 2015 08:17:05 PM — Page 1 of 2

13.6.9 Eligible Client Data Listing Report

This report shows any clients that the provider has authorization to provide services for or has claims. The report provides most of the data elements shown in the client record.



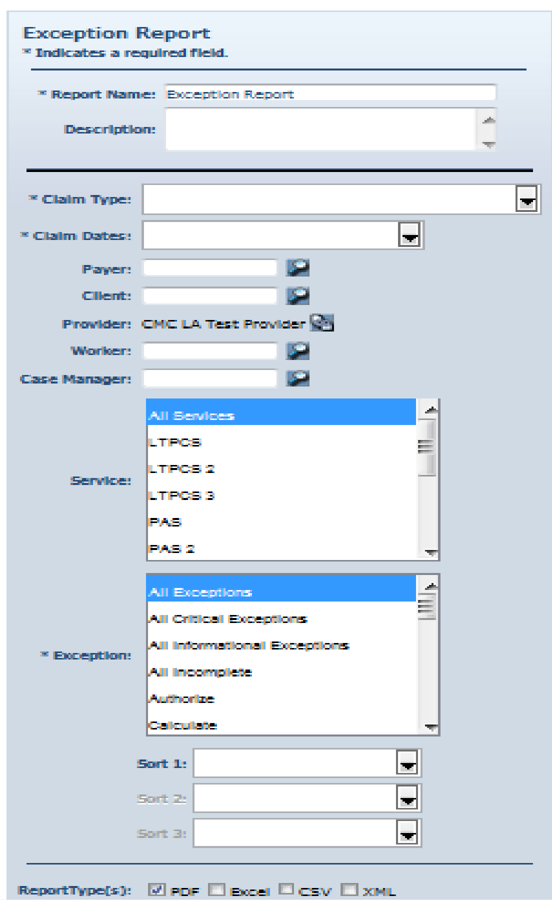
An example of an Eligible Client Data Listing Report:

A	B	C	D	E	F	G	H	I	J	K	L	M	
Client Name	Client ID	SSN	Gender	DOB	Language	Status	At Risk	Client Billing Medicaid ID	Diagnosis	Program	Served by another person living in the home	Team Assignment	Case
Consumer, Test2 M	6666666666 666	666666666	Female	07/10/1980	English	Active							
Consumer, Test3 W	7777777777 777	777777777	Female	03/24/1968	English	Active							
Consumer, Test5 M	9999999999 999	999999999	Female	02/10/1980	English	Active							

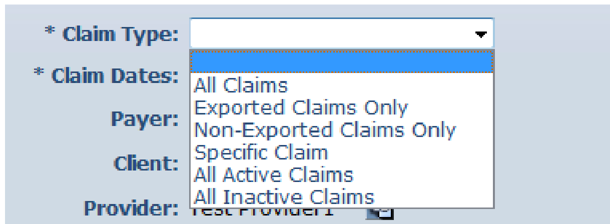
13.6.10 Exception Report

Exceptions are used to readily identify claims that do not meet the business rules established for the program. Exceptions can be informational to alert the user that a criterion was not met, i.e. check in phone number does not match authorized, or can be critical which prevents the claim from being exported for adjudication, i.e. no authorization for service. The Exception Report is structured to identify exceptions for a single client or for multiple clients with the same exception.

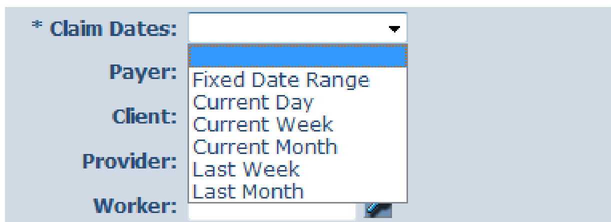
The Exception Report as displayed in the screenshot below has several filter criteria. **Claim Type**, **Claim Dates**, and **Exception** are all required when running the report. Select from the Exception list which exceptions you want returned in the report. Hold down the Ctrl key to select more than one type of Exception.



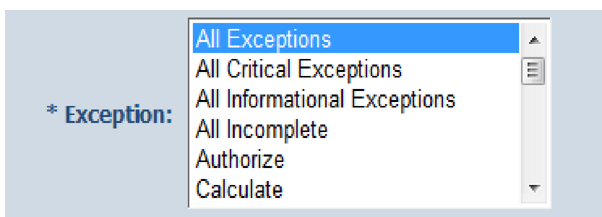
Select the **Claim Type** from All Claims, Exported Claims Only, Non-Exported Claims Only or Specific Claim. If Specific Claim is chosen, you must supply a Claim number for the claim on which you wish to report.



Select the **Claim Dates** from Current Day, Current Week, Current Month, Current Quarter, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a "from" and "to" date (mm/dd/yyyy).

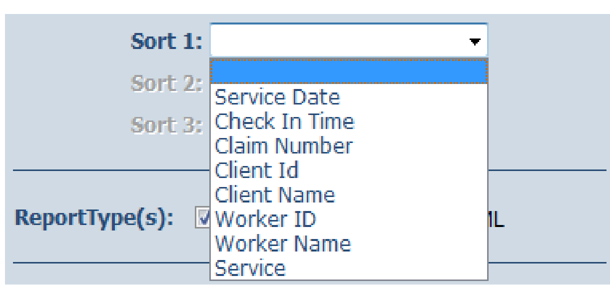


Select the **Exception** from the list of information and critical exceptions or choose All Exceptions.



Additional filter criteria include Payer, Client, Provider, Worker and Service.

If desired, you may also select sort criteria which include Service Date, Check In Time, Claim Number, Client, Worker ID, Worker Name, and Service. This determines the order of the data.



An example of an Exception Report:

AuthentiCare® Exception Report

Provider Name: CMC LA Test Provider (141852213B)	Number Of Claims With Exceptions: 5	Number of Exceptions: 15

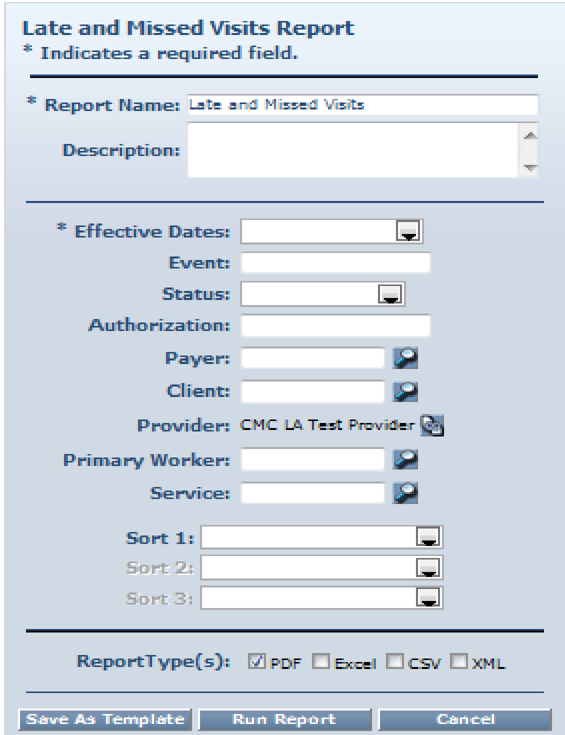
Exception	Claim Number	Client ID	Client Name	CaseManager Name	Worker ID	Worker Name	Check In Time	Check In Number	Check Out Time	Check Out Number	Actual Date Of Service	Actual Unit	Auth Unit	Service	Payer Name
C1	680	777777777777	Consumer, Test3		730483	Test, Worker3	5:00PM		7:00PM		01/01/2015	8	8	LTPCST 1019UN	Fee For Service
E1	680	777777777777	Consumer, Test3		730483	Test, Worker3	5:00PM		7:00PM		01/01/2015	8	8	LTPCST 1019UN	Fee For Service
I2	680	777777777777	Consumer, Test3		730483	Test, Worker3	5:00PM		7:00PM		01/01/2015	8	8	LTPCST 1019UN	Fee For Service
A2	682	777777777777	Consumer, Test3		730483	Test, Worker3	5:00PM		7:00PM		01/05/2015	8	2	LTPCST 1019UN	Fee For Service
C1	682	777777777777	Consumer, Test3		730483	Test, Worker3	5:00PM		7:00PM		01/05/2015	8	2	LTPCST 1019UN	Fee For Service
E1	682	777777777777	Consumer, Test3		730483	Test, Worker3	5:00PM		7:00PM		01/05/2015	8	2	LTPCST 1019UN	Fee For Service
I2	682	777777777777	Consumer, Test3		730483	Test, Worker3	5:00PM		7:00PM		01/05/2015	8	2	LTPCST 1019UN	Fee For Service
C1	681	777777777777	Consumer, Test3		730483	Test, Worker3	5:00PM		7:00PM		01/07/2015	8	8	LTPCST 1019UN	Fee For Service
E1	681	777777777777	Consumer, Test3		730483	Test, Worker3	5:00PM		7:00PM		01/07/2015	8	8	LTPCST 1019UN	Fee For Service
I2	681	777777777777	Consumer, Test3		730483	Test, Worker3	5:00PM		7:00PM		01/07/2015	8	8	LTPCST 1019UN	Fee For Service
A3	683	777777777777	Consumer, Test3		730483	Test, Worker3	5:06PM		7:06PM		01/09/2015	8	0	LTPCST 1019UN	Fee For Service
C1	683	777777777777	Consumer, Test3		730483	Test, Worker3	5:06PM		7:06PM		01/09/2015	8	0	LTPCST 1019UN	Fee For Service
E1	683	777777777777	Consumer, Test3		730483	Test, Worker3	5:06PM		7:06PM		01/09/2015	8	0	LTPCST 1019UN	Fee For Service
I2	683	777777777777	Consumer, Test3		730483	Test, Worker3	5:06PM		7:06PM		01/09/2015	8	0	LTPCST 1019UN	Fee For Service
C1	679	666666666666	Consumer, Test2		730483	Test, Worker3	5:00PM		5:15PM		01/26/2015	0	0	CCWAS 5126UH	Fee For Service

13.6.11 Late and Missed Visits Report

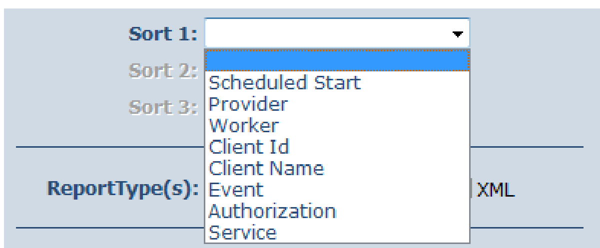
The Late and Missed Visits Report lists all late and missed visits for a selected time period. The report can be filtered to display information relating to a particular client, worker, service or event.

The Late and Missed Visits Report as displayed in the screenshot below only requires filter criteria for **Effective Dates** which include Current Day, Current Week, Current Month, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a “from” and “to” date (mm/dd/yyyy).

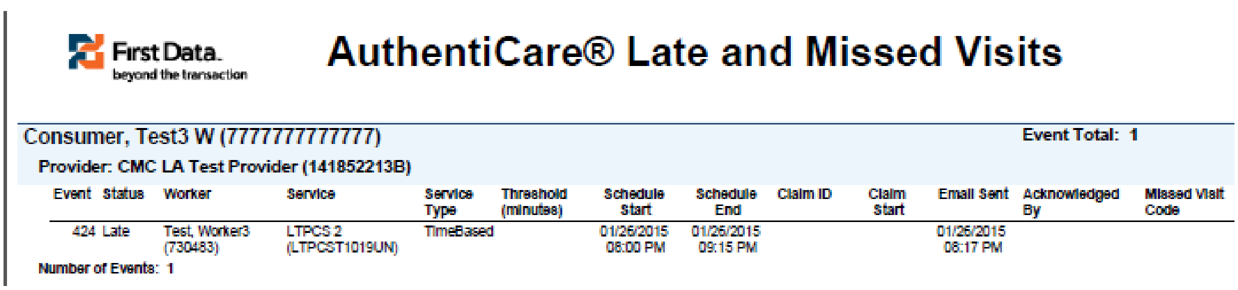
Additional filter criteria include Event (to report on a specific event), Status (Late, Missed or Completed Late), Authorization, Payer, Client, Provider, Primary Worker and Service. By default the appointment times are displayed in Central Time.



If desired, you may also select sort criteria which include Scheduled Start, Provider, Client, Worker, Event, Authorization, and Service.



An example of the Late and Missed Visits Report:



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AuthentiCare® Late and Missed Visits

Consumer, Test3 W (7777777777777) Event Total: 1

Provider: CMC LA Test Provider (141852213B)

Event	Status	Worker	Service	Service Type	Threshold (minutes)	Schedule Start	Schedule End	Claim ID	Claim Start	Email Sent	Acknowledged By	Missed Visit Code
424	Late	Test, Worker3 (730483)	LTPCS 2 (LTPCST1019UN)	TimeBased		01/26/2015 08:00 PM	01/26/2015 09:15 PM			01/26/2015 08:17 PM		

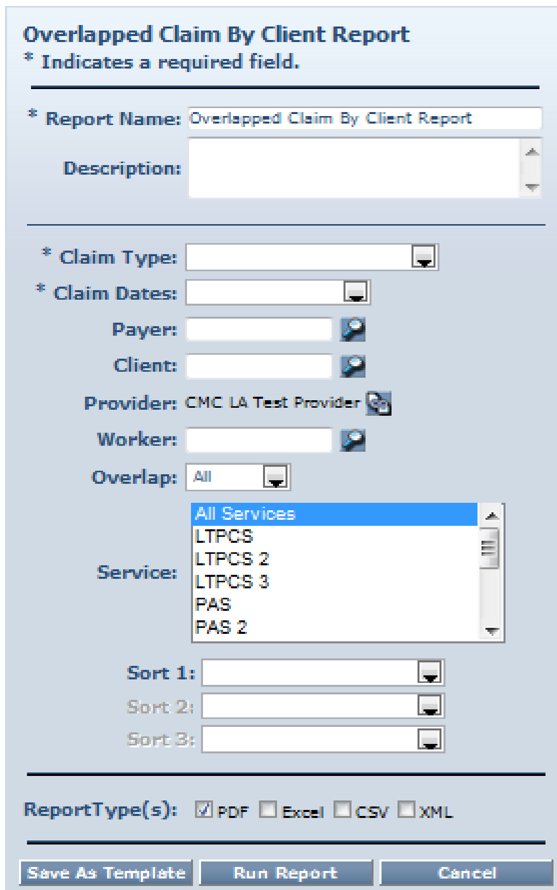
Number of Events: 1

13.6.12 Overlapped Claim By Client Report

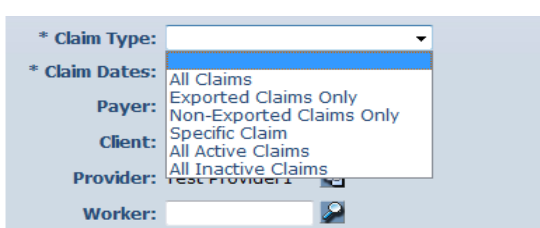
The Overlapping Claim by Client Report is useful in identifying quality concerns and/or overpayments. Under usual circumstances, clients must receive only one service at a time. Monitoring the Overlapped Claim by Client Report enables the user to identify

clients whose care may be compromised as well as workers that may have forgotten to check out from one service before beginning to provide another service to the same client.

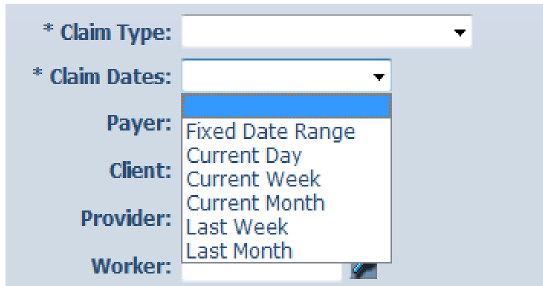
The Overlapped Claim by Client Report as displayed in the screenshot below has several filter criteria. **Claim Type** and **Claim Dates** are required when running the report.



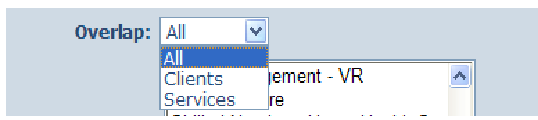
Select the **Claim Type** from All Claims, Exported Claims Only, Non-Exported Claims Only or Specific Claim. If Specific Claim is chosen, you must supply a Claim number for the claim on which you wish to report.



Select the **Claim Dates** from Current Day, Current Week, Current Month, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a “from” and “to” date (mm/dd/yyyy).

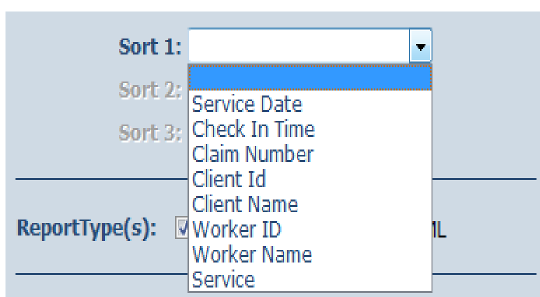


If you wish, you may change the selection for **Overlap**. This automatically defaults to “All”, but you can change it to “Clients” or “Services”.



Additional filter criteria include Payer, Client, Provider, Worker and Service.

If desired, you may also select sort criteria which include Service Date, Check In Time, Claim Number, Client, Worker ID, Worker Name, and Service. This determines the order of the data.



An example of the Overlapped Claim by Client Report:

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AuthentiCare® Overlapped Claim By Client Report

Report Date: March 02, 2015 11:44:25 AM
Service Date Range: 2/1/2015 to 2/28/2015
Provider Id:
Worker Id:
Client Id:

Total OverLaps Returned: 13
Claim Type: All Claims

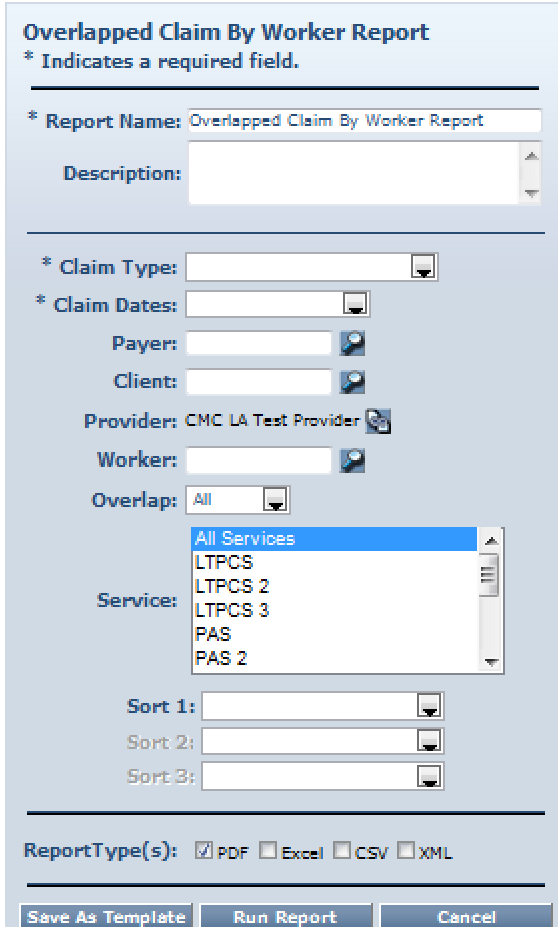
Filtered By: Date Range,Claim Type, Service
Sort by: CheckInOrder,LastName,WorkerName
Case Manager Id:
Service: All
Exception:

Claim Number	Worker ID	Worker Name	SVC	Date of Service	Check In Time	Check Out Time	Check In Phone	Check Out Phone	Check-In Ph. Owner	Check- Out Ph. Owner
Provider Id : 234000455A			**Provider Name: Test Provider 234000455- ADHC**					**Provider Overlaps: 1**		
Client Id : 0000000000078			**Client Name : Client78, Test**					**Client Overlaps : 1**		
543	659718	Richard, J. R.	CCWAS 5126UF	02/25/2015	8:38AM				Authorized	Authorized
548	659718	Richard, J. R.	ADHCT 1019UN	02/25/2015	2:30PM				Authorized	Authorized
Provider Id : 234000155A			**Provider Name: Test Provider 234000155- ADHC**					**Provider Overlaps: 2**		
Client Id : 0000000000005			**Client Name : Client5, Test**					**Client Overlaps : 1**		
577	919518	Benny, Bart	CCWAS 5125UN	02/27/2015	9:51AM		2253429373			Authorized
610	790734	Claire, Alice	ADHCT 1019UP	02/27/2015	1:47PM		2253429373			Authorized
Client Id : 0000000000008			**Client Name : Client8, Test**					**Client Overlaps : 1**		
578	137220	Bros, Mario	CCWAS 5125UP	02/27/2015	10:03AM		2253429373			Authorized
611	790734	Claire, Alice	ADHCT 1019UP	02/27/2015	1:47PM		2253429373			Authorized

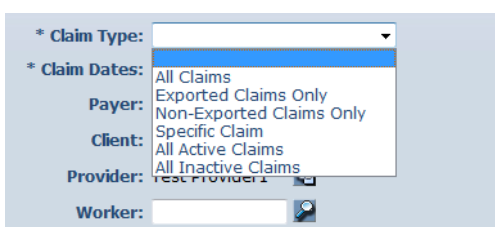
13.6.13 Overlapped Claim by Worker Report

The Overlapped Claim by Worker Report is useful in identifying quality concerns and/or overpayments. Under usual circumstances, workers should complete care for one participant before moving on to provide care to another participant unless it is a shared service. Monitoring the Overlapped Claim By Worker Report enables the user to identify participants whose care may be compromised as well as workers that may have forgotten to check out from one service before beginning to provide another service to the same or another participant. This report is also helpful in determining patterns for specific workers that may need targeted training/retraining or reminders of program requirements and expectations.

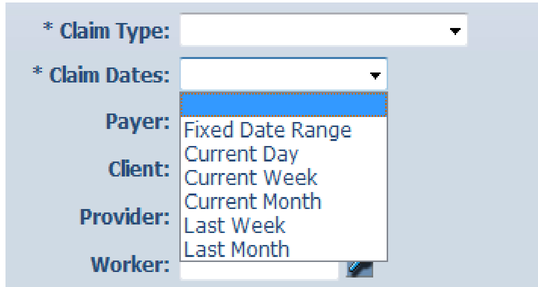
The Overlapped Claim Report by Worker as displayed in the screenshot below has several filter criteria. **Claim Type** and **Claim Dates** are required when running the report.



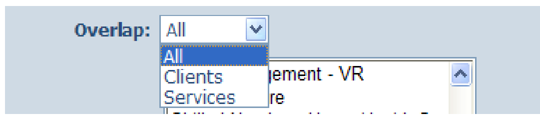
Select the **Claim Type** from All Claims, Exported Claims Only, Non-Exported Claims Only, Specific Claim, All Active Claims or All Inactive Claims. If Specific Claim is chosen, you must supply a Claim number for the claim on which you wish to report.



Select the **Claim Dates** from Current Day, Current Week, Current Month, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a “from” and “to” date (mm/dd/yyyy).

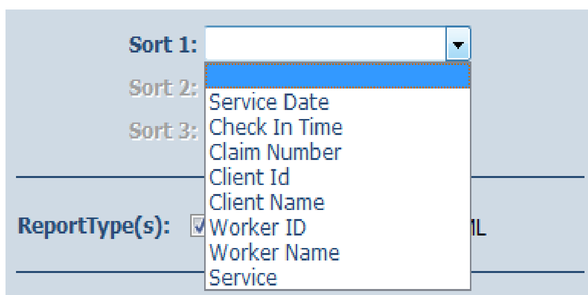


If you wish, you may change the selection for **Overlap**. This automatically defaults to “All”, but you can change it to “Clients” or “Services”.



Additional filter criteria include Payer, Client, Provider, Worker and Service.

If desired, you may also select sort criteria which include Service Date, Check In Time, Claim Number, Client, Worker ID, Worker Name, and Service. This determines the order of the data.



An example of the Overlapped Claim Report by Worker:

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AuthentiCare® Overlapped Claim By Worker Report

Report Date: March 02, 2015 11:39:56 AM
Service Date Range: 2/1/2015 to 2/28/2015
Provider Id:
Worker Id:
Client Id:

Total OverLaps Returned: 79
Claim Type: All Claims

Filtered By: Date Range,Claim Type, Service
Sort by: DateOfService,LastName,WorkerName
Case Manager Id:
Service: All
Exception:

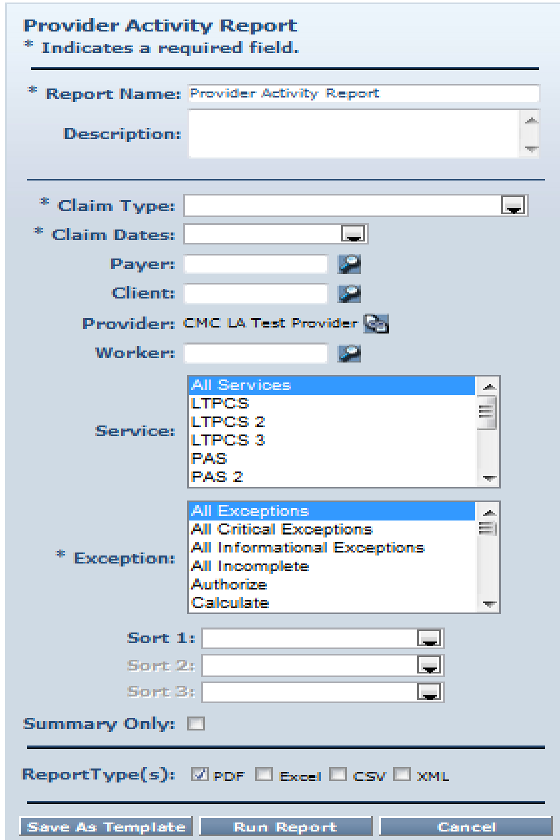
Provider Id : 010647042A **Provider Name: HEALTHMATTERS FAMILY CLINIC** **Provider Overlaps: 28**
Worker Id : 076285 **Worker Name : Worker, 1Test** **Worker Overlaps : 28**

Claim Number	Client ID	Client Name	SVC	Date of Service	Check In Time	Check Out Time	Check In Phone	Check Out Phone	Check-In Ph. Owner	Check- Out Ph. Owner
422	2444444444444	Consumer, 4 Test	LTPCST 1019UP	02/13/2015	1:49PM	2:01PM			Authorized	Authorized
423	6666666666666	Consumer, 6 Test	LTPCST 1019UP	02/13/2015	1:50PM	2:02PM			Authorized	Authorized
422	2444444444444	Consumer, 4 Test	LTPCST 1019UP	02/13/2015	1:49PM	2:01PM			Authorized	Authorized
424	2355555555555	Consumer, 35Test	LTPCST 1019UP	02/13/2015	1:50PM	2:03PM			Authorized	Authorized
423	6666666666666	Consumer, 6 Test	LTPCST 1019UP	02/13/2015	1:50PM	2:02PM			Authorized	Authorized
424	2355555555555	Consumer, 35Test	LTPCST 1019UP	02/13/2015	1:50PM	2:03PM			Authorized	Authorized

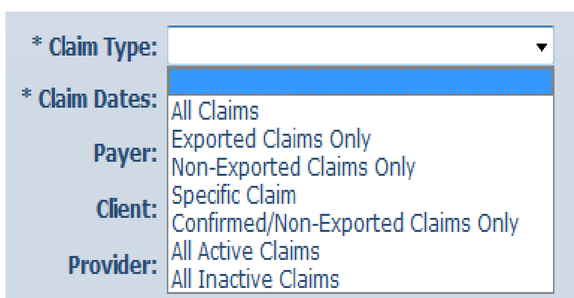
13.6.14 Provider Activity Report

The Provider Activity Report lists, by worker, all services performed during a given time period and the total dollars billed, again by worker. The Provider Activity Report is a useful tool for State monitoring or for the providers who need to know the revenue billed by a selected worker for a specified time period. It can be used to identify workers who report an unusually high number of hours worked as that could be considered a risk for quality of care issues or for providers to use to compare revenue generated by one worker over another.

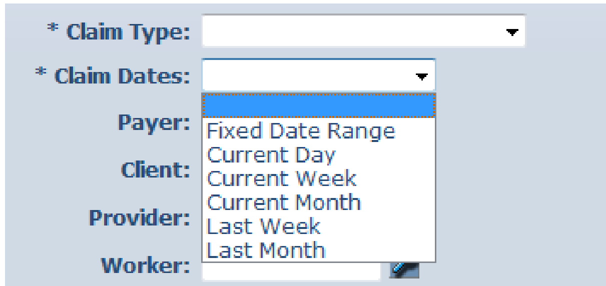
The Provider Activity Report as displayed in the screenshot below has several filter criteria. **Claim Type, Claim Dates,** and **Exception** are required when running the report.



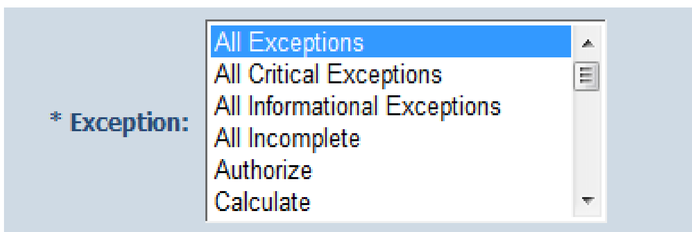
Select the **Claim Type** from All Claims, Exported Claims Only, Non-Exported Claims Only or Specific Claim. If Specific Claim is chosen, you must supply a Claim number for the claim on which you wish to report.



Select the **Claim Dates** from Current Day, Current Week, Current Month, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a “from” and “to” date (mm/dd/yyyy).

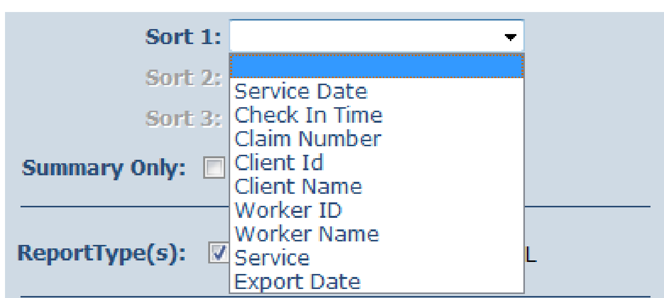


Select the **Exception** from the list of information and critical exceptions or choose All Exceptions.



Additional filter criteria include Payer, Client, Provider, Worker and Service.

If desired, you may also select sort criteria which include Service Date, Check In Time, Claim Number, Client, Worker ID, Worker Name, and Service and Export Date. This determines the order of the data.



An example of the Provider Activity Report:

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AuthentiCare® Provider Activity Report

Report Date: January 26, 2015 08:53:25 PM
Date Range: 2015-01-01 to 2015-01-31
Provider Id: 141852213B
Worker Id:
Client ID:

Total Records Returned: 5
Claim Type: All Claims

Filtered By: Date Range,Claim Type, Provider ID, Service, Exception
Sort by: DateOfService,LastName,WorkerName
Case Manager Id:
Service: All
Exception:All

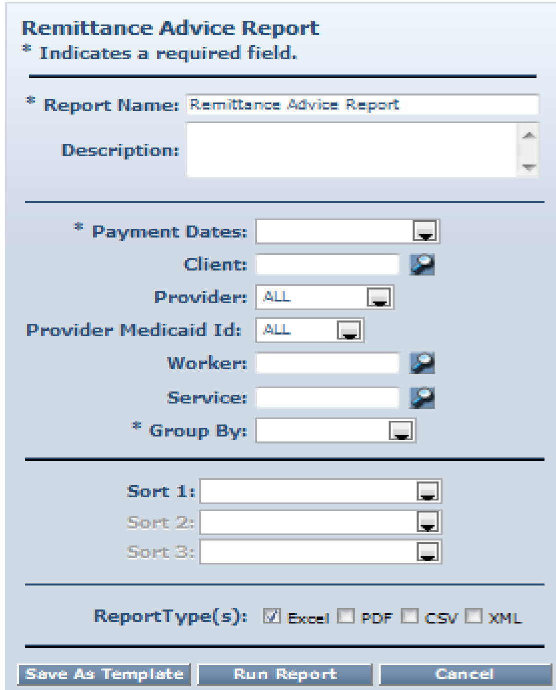
Provider Id : 141852213B **Provider Name: CMC LA Test Provider**
Worker Id : 730483 **Worker Name : Test, Worker3**

Claim Number	Client ID	Client Name	Claim Status	Date of Service	Service	Activity Code(s)	Worker ID	Check In	Check Out	Actual Unit	Auth Unit	Paid Amount	Billed Amount	Payment Date	Export Date	Exceptions	Payer Name
680	7777777777777	Consumer, Test3	CriticalExcpts	01/01/2015	LTPCST 1019UN	11,10	730483	5:00PM	7:00PM	8	8	0.00	18.48			C1, E1, I2	Fee For Service
682	7777777777777	Consumer, Test3	CriticalExcpts	01/05/2015	LTPCST 1019UN	11,10	730483	5:00PM	7:00PM	8	2	0.00	4.62			A2, C1, E1, I2	Fee For Service
681	7777777777777	Consumer, Test3	CriticalExcpts	01/07/2015	LTPCST 1019UN	11,10	730483	5:00PM	7:00PM	8	8	0.00	18.48			C1, E1, I2	Fee For Service
683	7777777777777	Consumer, Test3	CriticalExcpts	01/09/2015	LTPCST 1019UN	11,10	730483	5:06PM	7:06PM	8	0	0.00	0.00			A3, C1, E1, I2	Fee For Service
679	6666666666666	Consumer, Test2	CriticalExcpts	01/26/2015	CCWAS 5126UH	16,10	730483	5:00PM	5:15PM	0	0	0.00	0.00			C1	Fee For Service
									Worker Total :	**32**	**18**	**0.00**	**41.58**			**15**	
									Provider Total :	**32**	**18**	**0.00**	**41.58**			**15**	

13.6.15 The Remittance Advice Report

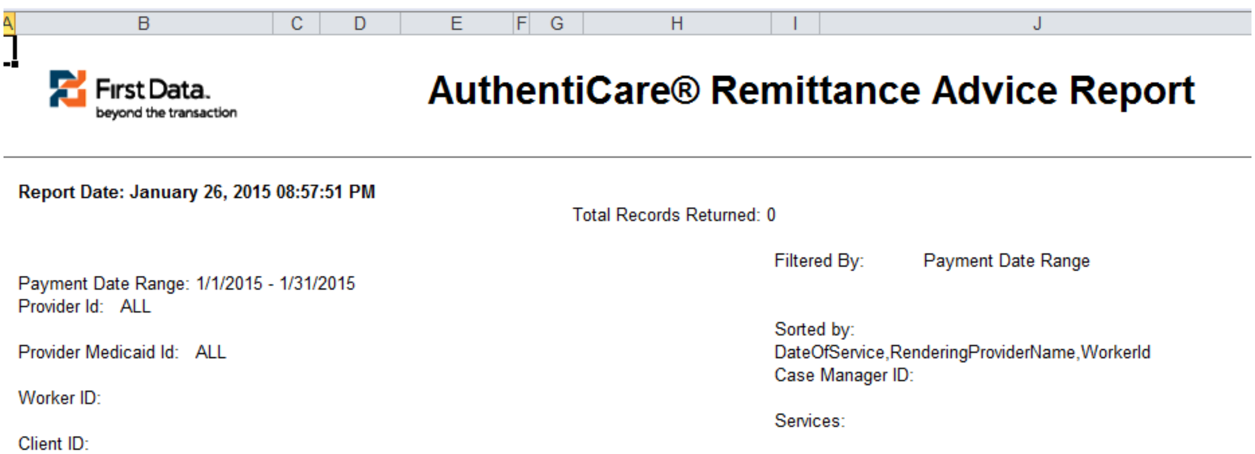
The Remittance Advice Report lists for providers who upload their 835 Remittance Advice into AuthentiCare. This report is a useful tool for providers for reconciliation of claims confirmed, exported and paid.

The Remittance Advice Report has required filter criteria of **Payment Dates** and a choice from the selection of **Group By.**


Remittance Advice Report
* Indicates a required field.

* Report Name: Remittance Advice Report
Description:
* Payment Dates:
Client:
Provider: ALL
Provider Medicaid Id: ALL
Worker:
Service:
* Group By:
Sort 1:
Sort 2:
Sort 3:
ReportType(s): Excel PDF CSV XML
Save As Template | Run Report | Cancel

An example of the Remittance Advice Report header and sort:


A B C D E F G H I J

First Data. beyond the transaction

AuthentiCare® Remittance Advice Report

Report Date: January 26, 2015 08:57:51 PM

Total Records Returned: 0

Filtered By: Payment Date Range

Payment Date Range: 1/1/2015 - 1/31/2015
Provider Id: ALL

Sorted by:
DateOfService,RenderingProviderName,WorkerId
Case Manager ID:

Provider Medicaid Id: ALL

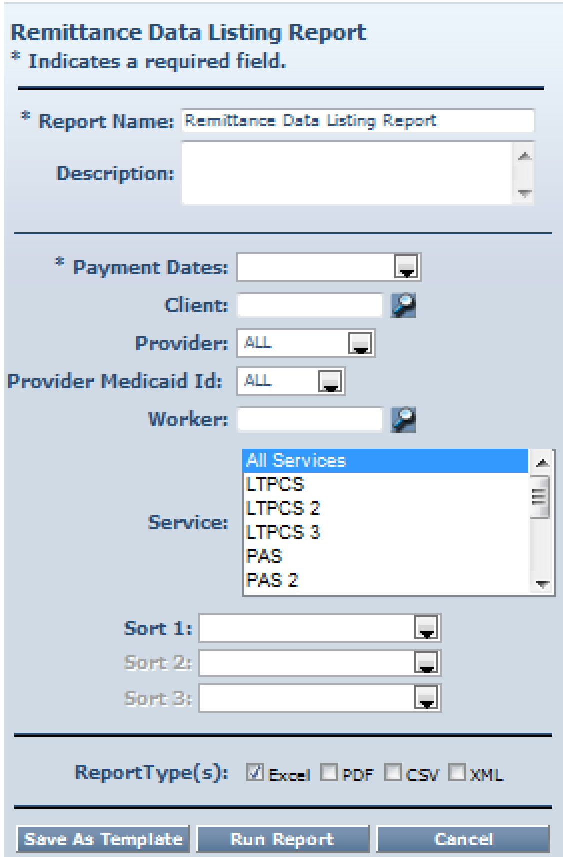
Worker ID:

Services:

Client ID:

13.6.16 The Remittance Data Listing Report

The Remittance Data List Report provides remittance advice reporting on the AuthentiCare web, so that the provider can examine paid claims, and understand check amounts. This report includes information from the 835 Remittance Advice upload to AuthentiCare by providers.



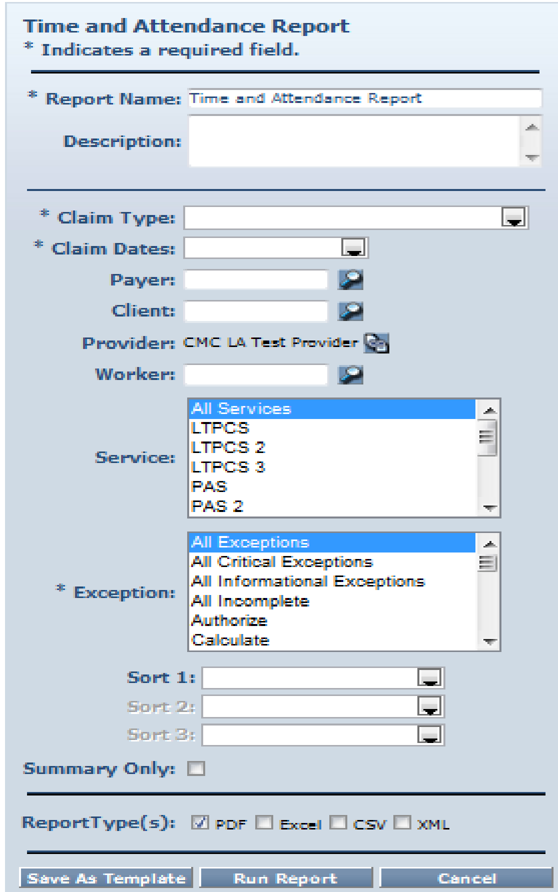
The Remittance Data Listing report is oriented around the Payer claim number and not the AuthentiCare claim number, and around payment date, not claim date. The intent is to support drill down of a payment received to the individual claims included in it. Claim reports should still be used to research the payment status of an individual claim.
The Remittance report offers the similar sort and filter criteria as the other provider reports, but some criteria that are not relevant are omitted. **Note** that the date range selected is the Payer payment or processing date, not the date of service.

The Remittance Data List Report is only available in CSV and Excel formats.

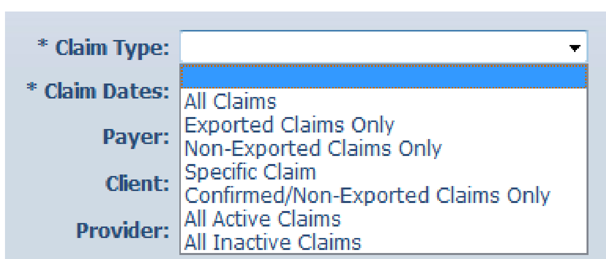
13.6.17 THE TIME AND ATTENDANCE REPORT

The Time and Attendance Report is a useful tool for the providers who need to know the time billed by a selected worker for a specified time period. It can be used to identify workers who report an unusually high number of hours worked as that could be considered a risk for quality of care issues or for providers to use to compare revenue generated by one worker with another.

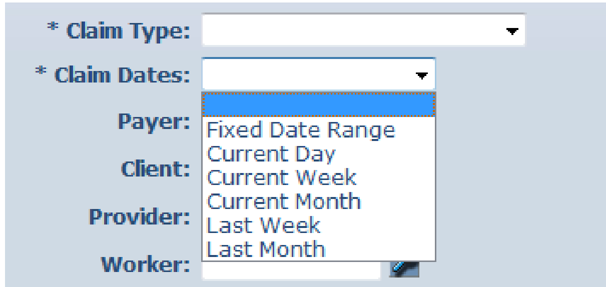
The Time and Attendance Report as displayed in the screenshot below has several filter criteria. **Claim Type**, **Claim Dates**, and **Exception** are all required when running the report.



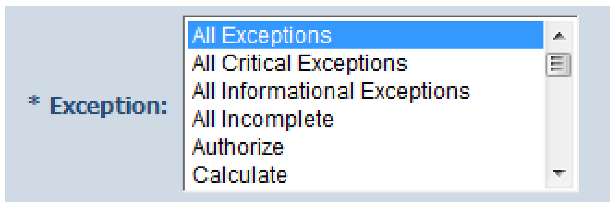
Select the **Claim Type** from All Claims, Exported Claims Only, Non-Exported Claims Only or Specific Claim. If Specific Claim is chosen, you must supply a Claim number for the claim on which you wish to report.



Select the **Claim Dates** from Current Day, Current Week, Current Month, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a “from” and “to” date (mm/dd/yyyy).

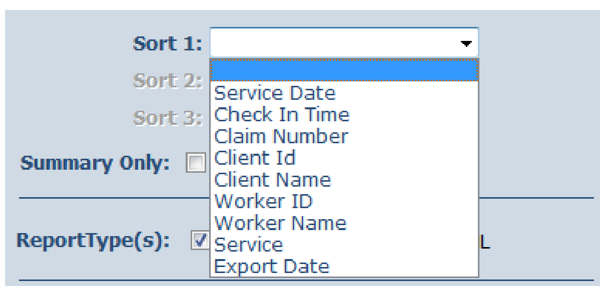


Select the Exception from the list of information and critical exceptions or choose All Exceptions.



Additional filter criteria include Payer, Client, Provider, Worker and Service.

If desired, you may also select sort criteria which include Service Date, Check In Time, Claim Number, Client, Worker ID, Worker Name, and Service. This determines the order of the data.



An example of the Time and Attendance Report:

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First Data. beyond the transaction

AuthentiCare® Time and Attendance Report

Report Date: January 26, 2015 09:17:44 PM
Date Range: 2015-01-01 to 2015-01-31
Provider Id: 141852213B
Worker Id:
Client ID:

Total Records Returned: 5
Claim Type: All Claims

Filtered By: Date Range,Claim Type, Provider ID, Service, Exception
Sort by: DateOfService,LastName,WorkerName
Case Manager Id:
Service: All
Exception:All

Provider Id : 141852213B **Provider Name: CMC LA Test Provider**
Worker Id : 730483 **Worker Name : Test, Worker3**

Claim Number	Client ID	Client Name	Date of Service	Service	Worker Name	Worker ID	Check In	Check Out	Actual Unit	Auth Unit	Actual Amount	Auth Amount	Export Date	Exceptions	Payer Name
680	7777777777777	Consumer, Test3	01/01/2015	LTPCST 1019UN	Test, Worker3	730483	5:00PM	7:00PM	8	8	18.48	18.48		C1, E1, I2	Fee For Service
682	7777777777777	Consumer, Test3	01/05/2015	LTPCST 1019UN	Test, Worker3	730483	5:00PM	7:00PM	8	2	18.48	4.62		A2, C1, E1, I2	Fee For Service
681	7777777777777	Consumer, Test3	01/07/2015	LTPCST 1019UN	Test, Worker3	730483	5:00PM	7:00PM	8	8	18.48	18.48		C1, E1, I2	Fee For Service
683	7777777777777	Consumer, Test3	01/09/2015	LTPCST 1019UN	Test, Worker3	730483	5:06PM	7:06PM	8	0	18.48	0.00		A3, C1, E1, I2	Fee For Service
679	6666666666666	Consumer, Test2	01/26/2015	CCWAS 5126UH	Test, Worker3	730483	5:00PM	5:15PM	0	0	0.00	0.00		C1	Fee For Service
								Worker Total :	32	18	73.92	41.58			
								Provider Total :	32	18	73.92	41.58			

13.6.18 UNAUTHORIZED LOCATION REPORT

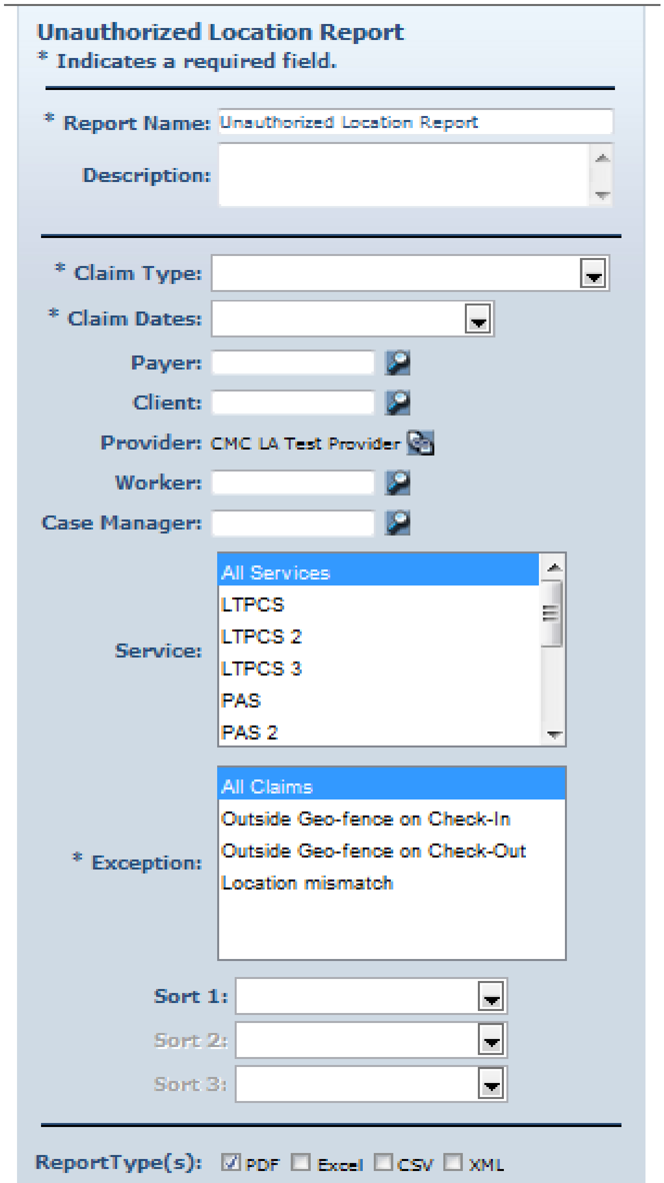
The Unauthorized Location Report will provide ready access to a list of Check-In/Out submissions that were made at a location other than the coordinates associated with the client's location. These claims will result in a claim with a "Worker outside Geo fence" exception. This report serves as an administrative tool allowing Louisiana DHH staff and Providers to:

- Identify workers performing services in locations not matching the client location table
- Identify locations (coordinates) that have changed and need updating in AuthentiCare
- Identify patterns of inappropriate or questionable care by specific workers.

If the worker's Check-Ins/Outs are performed within the location coordinates associated with the client, there is validation that the worker was actually in the home or appropriate setting at the time the Check-Ins/Outs were made.

If the actual Check-ins/Outs were made from a registered Client's or Provider's location coordinates other than the authorized location, the report will list the Client or Provider ID from the database that was the origin of the action.

The Unauthorized Location Report as displayed in the screenshot below has several filter criteria. **Claim Type**, **Claim Dates**, and **Exception** are all required when running the report.



An example of The Unauthorized Location Report:

DEPARTMENT OF HEALTH AND HOSPITALS

First Data. b›yond the transaction

Page 1 of 1

First Data. beyond the transaction

AuthentiCare® Unauthorized Location Report

Report Date: January 26, 2015 09:06:59 PM

Date Range: 1/1/2015 to 1/31/2015

Provider Id: 141852213B

Worker Id:

Client ID:

Total Records: 5

Claim Type: All Claims

Filtered By: Date Range,Claim Type, Provider ID, Service, Exception

Sort by: DateOfService,ConsumerName,WorkerName

Case Manager Id:

Service: All

Exception:All

Provider Id : 141852213B   Provider Name: CMC LA Test Provider

Worker Id : 730483   Worker Name : Test, Worker3

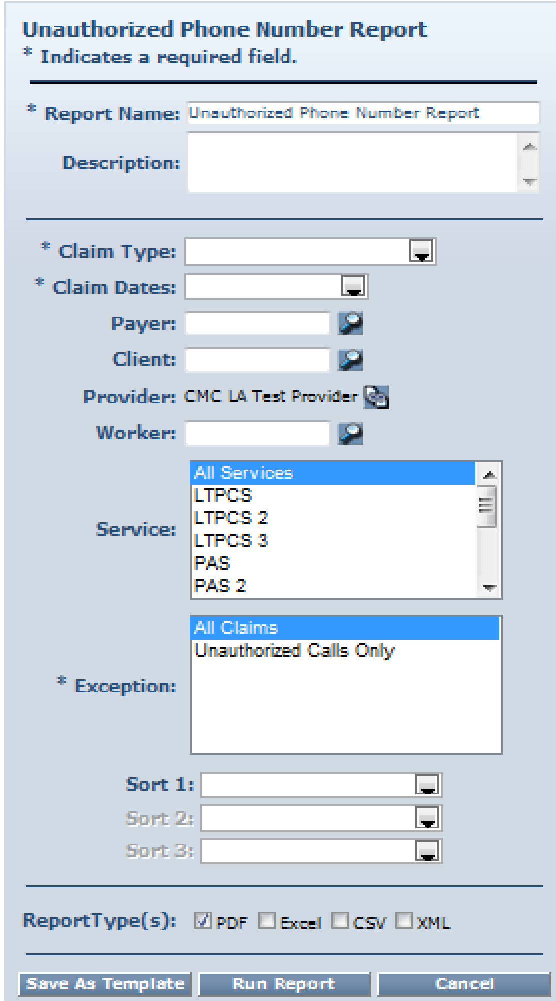
Claim Number	Client ID	Client Name	Service	Exceptions	Date of Service	Check In	Check Out	Units	Check In Location Latitude	Check In Location Longitude	Check Out LocLatitude	Check Out LocLongitude
680	7777777777777	Consumer, Test3 W	LTPCST1019 UN	C1, E1, I2	1/1/2015	5:00 PM	7:00 PM	8	0.00000000	0.00000000	0.00000000	0.00000000
682	7777777777777	Consumer, Test3 W	LTPCST1019 UN	A2, C1, E1, I2	1/5/2015	5:00 PM	7:00 PM	8	0.00000000	0.00000000	0.00000000	0.00000000
681	7777777777777	Consumer, Test3 W	LTPCST1019 UN	C1, E1, I2	1/7/2015	5:00 PM	7:00 PM	8	0.00000000	0.00000000	0.00000000	0.00000000
683	7777777777777	Consumer, Test3 W	LTPCST1019 UN	A3, C1, E1, I2	1/9/2015	5:06 PM	7:06 PM	8	0.00000000	0.00000000	0.00000000	0.00000000
679	6666666666666	Consumer, Test2 M	CCWAS5126 UH	C1	1/26/2015	5:00 PM	5:15 PM	0	0.00000000	0.00000000	0.00000000	0.00000000

13.6.19 UNAUTHORIZED PHONE NUMBER REPORT

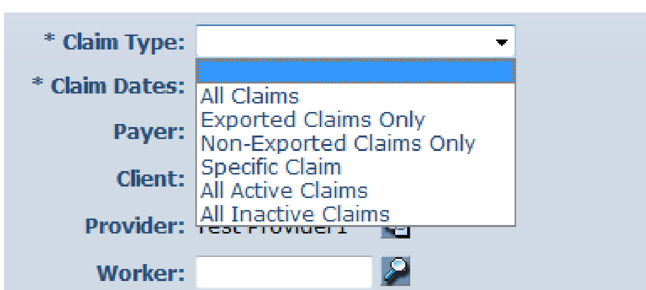
The Unauthorized Phone Number Report will provide ready access to a list of calls that were made from a phone other than the phone number associated with the client. These calls result in a claim with an unauthorized phone number exception. This report serves as an administrative tool allowing the Provider or the Louisiana DHH Administrative User to:

- Identify workers making calls from outside the home
- Identify phone numbers that have changed and need updating in AuthentiCare

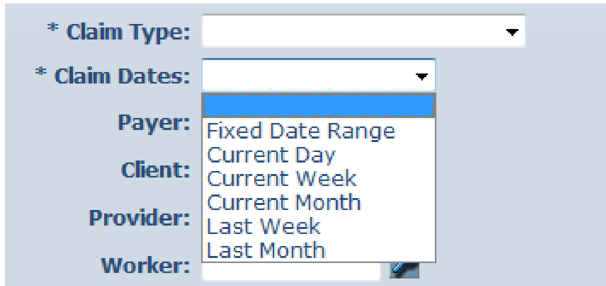
The Unauthorized Phone Number Report as displayed in the screenshot below has several filter criteria. **Claim Type**, **Claim Dates**, and **Exception** are all required when running the report.



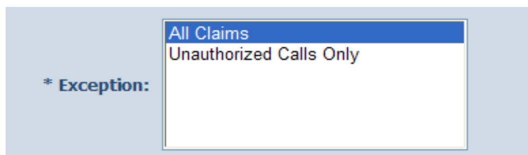
Select the **Claim Type** from All Claims, Exported Claims Only, Non-Exported Claims Only or Specific Claim. If Specific Claim is chosen, you must supply a Claim number for the claim on which you wish to report.



Select the **Claim Dates** from Current Day, Current Week, Current Month, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a “from” and “to” date (mm/dd/yyyy).

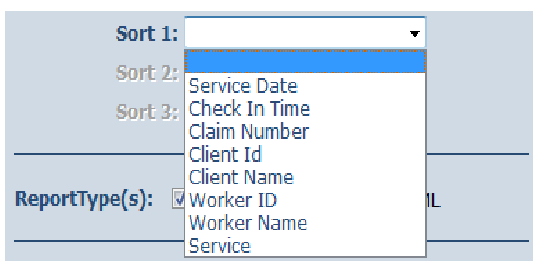


Select “Unauthorized Calls Only” for **Exception**. If you select “All Claims”, all claims with exceptions will be returned; not just the ones with unauthorized phone number exceptions.



Additional filter criteria include Payer, Client, Provider, Worker and Service.

If desired, you may also select sort criteria which include Service Date, Check In Time, Claim Number, Client, Worker ID, Worker Name, and Service. This determines the order of the data.



An example of the Unauthorized Phone Number Report:

Page 1 of 1

AuthentiCare® Unauthorized Phone Number Report

Report Date: January 26, 2015 09:09:29 PM

Filtered By: Date Range,Claim Type, Provider ID, Service, Exception

Date Range: 2015-01-01 to 2015-01-31

Sort by: DATE_OF_SERVICE,LastName,WorkerName

Provider Id: 1418522138

Total Records: 5

Case Manager Id:

Worker Id:

Claim Type: All Claims

Service: All

Client ID:

Exception:All

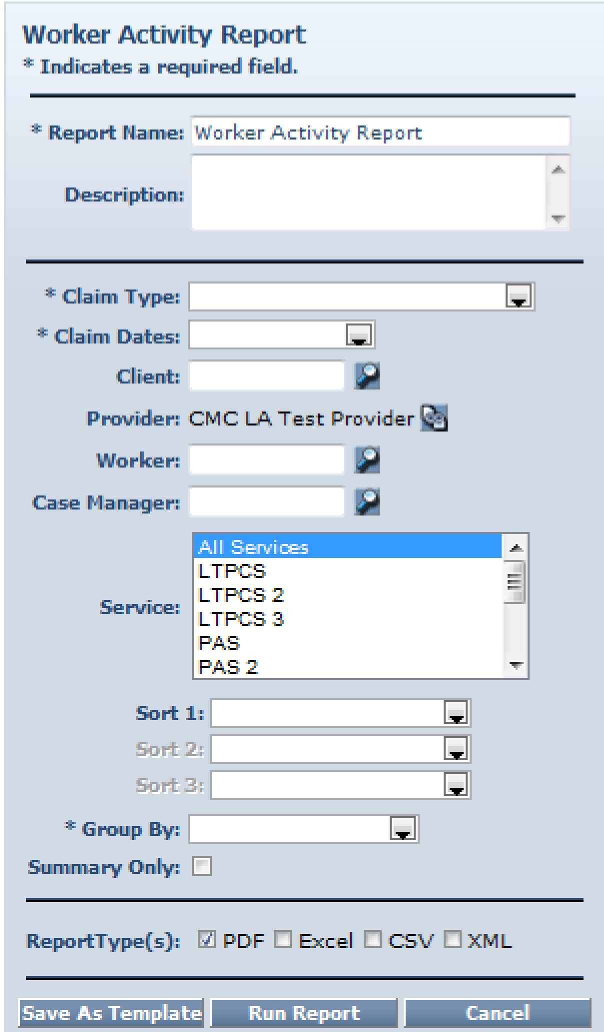
Provider Id : 1418522138 **Provider Name: CMC LA Test Provider**

Worker Id : 780483 **Worker Name : Test, Worker3**

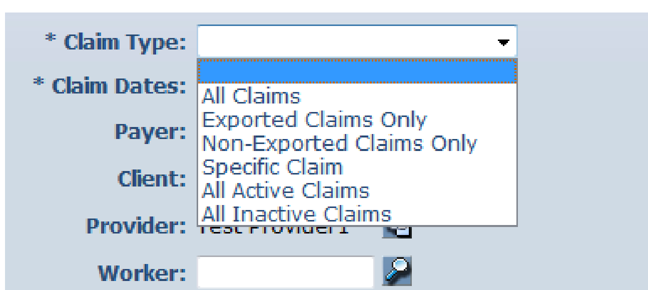
Claim Number	Client ID	Client Name	SVC	Exceptions	Date of Service	Check In	Check Out	Units	Check In Phone	Matches Id / Name	Check Out Phone	Matches Id / Name
680	7777777777777	Consumer, Test3	LTPCST1019 UN	C1, E1, I2	1/1/2015	5:00PM	7:00PM	8				
682	7777777777777	Consumer, Test3	LTPCST1019 UN	A2, C1, E1, I2	1/5/2015	5:00PM	7:00PM	8				
681	7777777777777	Consumer, Test3	LTPCST1019 UN	C1, E1, I2	1/7/2015	5:00PM	7:00PM	8				
683	7777777777777	Consumer, Test3	LTPCST1019 UN	A3, C1, E1, I2	1/9/2015	5:06PM	7:06PM	8				
679	6666666666666	Consumer, Test2	CCWAS5126 UH	C1	1/26/2015	5:00PM	5:15PM	0				

13.6.20 THE WORKER ACTIVITY REPORT

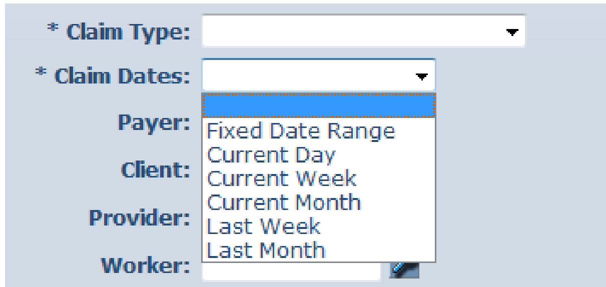
The Worker Activity Report is used for monitoring purposes or can be used by providers to determine workers' activities for a given time period. Much like the Provider Activity Report, the Worker Activity Report has great detail and can be used to validate workers' service and time of service to clients.



Select the **Claim Type** from All Claims, Exported Claims Only, Non-Exported Claims Only or Specific Claim. If Specific Claim is chosen, you must supply a Claim number for the claim on which you wish to report.



Select the **Claim Dates** from Current Day, Current Week, Current Month, Last Week, Last Month, or Fixed Date Range. If you select Fixed Date Range, you must specify a "from" and "to" date (mm/dd/yyyy).



Additional filter criteria include Payer, Client, Provider, Worker and Service.

If desired, you may also select sort criteria which include Service Date, Check In Time, Claim Number, Client, Worker ID, Worker Name, and Service. This determines the order of the data.

An example of the Worker Activity Report:

Page 1 of 1

First Data. beyond the transaction

AuthentiCare® Worker Activity Report

Report Date: January 26, 2015 09:11:09 PM
Date Range: 1/1/2015 to 1/31/2015
Provider Id: 141852213B
Worker Id:
Client ID:

Total Records Returned: 5
Claim Type: All Claims

Filtered By: Date Range,Claim Type, Provider ID, Service
Sort by: DateOfService,ConsumerName,WorkerName
Case Manager Id:
Service: All

Provider Id : 141852213B — Provider Name: CMC LA Test Provider
Client Name : Consumer, Test3 W

Claim Number	Worker ID	External Worker ID	Worker Name	Date of Service	Service	Activity Code(s)	Check In	Check Out	Time Worked	Actual Units	Notes
680	730483		Test, Worker3	01/01/2015	LTPCST1019 UN	11,10	5:00PM	7:00PM	2:00	8	Phone D/C. No new phone.
682	730483		Test, Worker3	01/05/2015	LTPCST1019 UN	11,10	5:00PM	7:00PM	2:00	8	Phone D/C. No new phone.
681	730483		Test, Worker3	01/07/2015	LTPCST1019 UN	11,10	5:00PM	7:00PM	2:00	8	Phone D/C. No new phone.
683	730483		Test, Worker3	01/09/2015	LTPCST1019 UN	11,10	5:06PM	7:06PM	2:00	8	Phone D/C. No new phone.
								Client Total :	8:00	32	

Provider Id : 141852213B — Provider Name: CMC LA Test Provider
Client Name : Consumer, Test2 M

Claim Number	Worker ID	External Worker ID	Worker Name	Date of Service	Service	Activity Code(s)	Check In	Check Out	Time Worked	Actual Units	Notes
679	730483		Test, Worker3	01/26/2015	CCWAS5126 UH	16,10	5:00PM	5:15PM	0:15	0	Client's phone was disconnected for non-payment of bill.
								Client Total :	0:15	0	
								Provider Total :	8:15	32	

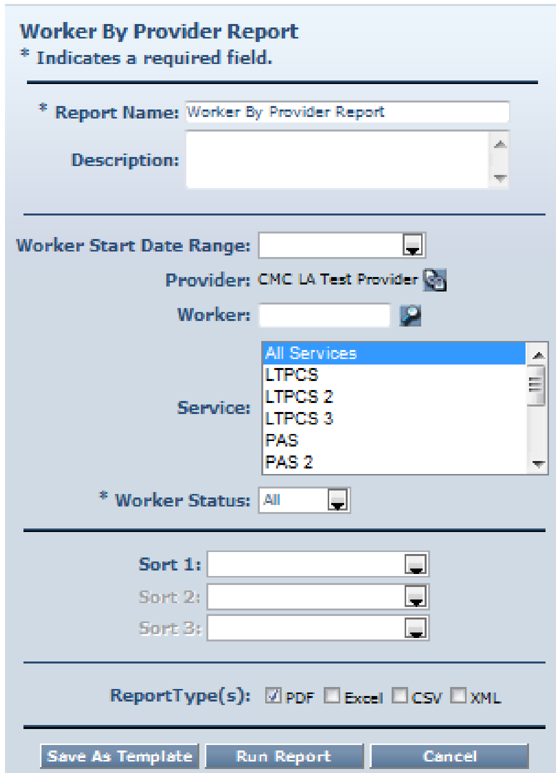
13.6.21 Workers by Provider Report

The Workers by Provider Report is used for monitoring purposes or can be used by providers to determine workers that are currently employed to provide care. Other uses

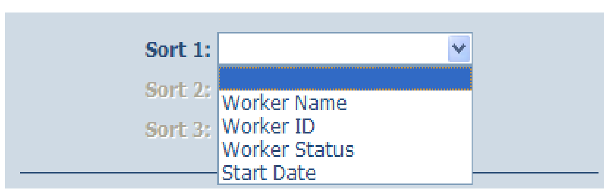
of the report include determining worker to client ratios or validating that all workers employed by the provider are registered in the system.

The Workers by Provider Report as displayed in the screenshot below has filter criteria of **Worker Status**. Select from “All”, “Active”, or “Inactive”.

Additional filter criteria include Worker Start Date Range, Provider, Worker and Service.



If desired, you may also select sort criteria which include Worker Name, Worker ID, Worker Status, and Start Date. This determines the order of the data.



An example of the Workers by Provider Report:

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AuthentiCare® Workers by Provider Report

Report Date: January 26, 2015 09:13:49 PM

Provider ID: 141852213B

Worker ID:

Total Records Returned: 3

Filtered By: Worker Start Date Range, Provider ID, WorkerStatus, Service

Sort by: WorkerName,ChildXRef,Status

Worker Status: All

Service: All

Provider Name : CMC LA Test Provider			Provider ID : 141852213B		Provider Service: LTPCST1019UB,LTPCST1019UN,CCWAS5126UH,ADHCT1019UP	
Worker Id	**Worker SSN**	**Worker Name**	**Start Date**	**Termination Date**	**Sanctions**	**Worker Service**
221484	******0001	Test, Worker	01/25/2014			
485736	******0111	Test, Worker2	01/25/2015			
730483	******0222	Test, Worker3	01/25/2015			

CHAPTER 14 ONGOING USER SUPPORT AND TRAINING

By design, this User Manual can help you research any system issues that you encounter because it fully explains all the functions you use in AuthentiCare. As with most documents of this type, searching by topic is often the first step.

1. If you are unable to solve your problem by using this manual, you can contact First Data Client Support services at 1-800-441-4667, option 7, or by email to AuthentiCare.Support@firstdata.com .
2. For training your staff, a training website and training IVR are available 24/7 and mirror the production web and IVR.
   - The URL for the ***Training*** Website: https://uat.authenticare.com/ladhh
   - The toll-free phone number for the Training IVR: (888) 462-7439, App. Code 522
3. For user support regarding authorizations, the client's plan of care, or policies of Louisiana DHH, email:

   EVVHelp@la.gov
4. The Louisiana Electronic Visit Verification Website is: www.dhh.la.gov/evv
5. Once training is complete, the AuthentiCare Louisiana DHH ***Production*** website is available at: https://www.authenticare.com/ladhh

Appendix A.1 Service Codes

A.1.1 Service Codes for Agency-Directed Services

AuthentiCare® Louisiana DHH OAAS Services and Service Identifiers :

All the services from the list below require the user to enter activity and observation codes.

ServiceIdentifier	Service Name
CCWAS5125	**IVR/Web:** PAS
CCWAS5125UN	**IVR:** Shared Supports 2 Participants **Web:** PAS 2
CCWAS5125UP	**IVR:** Shared Supports 3 Participants **Web:** PAS 3
CCWAS5126UF	**IVR/Web:** PAS AM
CCWAS5126UH	**IVR/Web:** PAS PM
LTPCST1019UB	**IVR/Web:** LTPCS
LTPCST1019UN	**IVR:** LTPCS 2 Participants **Web:** LTPCS 2
LTPCST1019UP	**IVR:** LTPCS 3 Participants **Web:** LTPCS 3
ADHCT1019UB	**IVR/Web:** ADHC LTPCS
ADHCT1019UN	**IVR:** ADHC LTPCS 2 Participants **Web:** ADHC LTPCS 2
ADHCT1019UP	**IVR:** ADHC LTPCS 3 Participants **Web:** ADHC LTPCS 3

APPENDIX A.2 ACTIVITY AND OBSERVATION CODES FOR SELECTED SERVICES

APPENDIX A.2.1 ACTIVITY CODES

Activity Code	Activity	Services
10	Eating	All
11	Bathing	All
12	Dressing	All
13	Grooming	All
14	Transferring	All
15	Ambulation	All
16	Toileting	All
17	Light Housekeeping	All
18	Food Preparation and Storage	All
19	Shopping	All
20	Laundry	All
21	Medication Reminders	All
22	Assist To Sched Med Appts	All
23	Assist To Arrange Med Trans	All
24	Accompany To Med Appts	All
25	Protective Supervision	CCW services
26	Assistance to access transportation	LTPCS Services
27	Supv/Assist w/Health Tasks	CCW services
28	Bed mobility	LTPCS Services
29	Escort for Assist w/Comm Tasks	CCW services
30	Extension of Therapy Services	CCW services

APPENDIX A2.2 OBSERVATION CODES

Code	Observation to Report
70	No observations to report
71	Plan of care does not meet client needs
72	Difficulty with walking, balance, or transferring
73	Difficulty getting in or out of bed
74	Difficulty grooming or bathing self
75	Difficulty with dressing self
76	Difficulty managing toileting hygiene
77	Difficulty with feeding self
78	Difficulty with fixing or reheating meals or snacks
79	Difficulty with taking medication by mouth
80	Recent emergency treatment due to improper medication administration or side effects
81	Shortness of breath when walking
82	Skin breakdown, open areas, bedsores, or rash
83	Weight loss
84	Decreased appetite
85	Weight gain
86	Swelling of legs or feet
87	Difficulty speaking clearly or being understood
88	Difficulty using the telephone
89	Increased Level of Pain
90	Increased Anxiety Level
91	Behavioral problem such as yelling, spitting, or getting lost
92	Difficulty sleeping
93	New problems with vision
94	New problems with forgetfulness
95	Recent falls
96	Recently admitted to hospital
97	Recently in emergency room
98	Upcoming surgeries
99	Emergency preparedness—Evacuation
100	Other concern(s) not otherwise specified

APPENDIX A.3 CLAIM EXCEPTION CODES

A.3.1 CRITICAL EXCEPTIONS

Claims with Critical Exceptions cannot be submitted for payment until the identified problem has been corrected.

Code	Exception	Definition	What do I need to do?
A1	Authorize	There is no authorization in AuthentiCare for the service, date, client, and/or provider.	Wait for authorization to be provided from Louisiana DHH staff. AuthentiCare will automatically recalculate when a valid authorization is entered.
C5	Calculate	All data needed to calculate the claim is not available. Usually means that the check-in time or check-out time is missing. If an Authorize exception occurs, it will trigger the Calculate exception as well.	Verify what information is missing. If the check in or out time is missing, see Section 12.2 for claims correction instructions.
A3	Authorization Exhausted Before Claim	All authorized units were used *before* this claim was calculated.	Contact Louisiana DHH staff to see if additional units can be added to the authorization. If so, this update will be reflected in AuthentiCare once approved. AuthentiCare will automatically recalculate once the new authorization information is entered.
I2	Ineligible Worker	The worker is not eligible to deliver services based on his/her start- and end-dates or active/inactive/suspend status.	If you verify that this information is correct, the claim cannot be submitted. If the information is incorrect and the provider corrects it, AuthentiCare will automatically recalculate if the worker's eligibility status changes.

Code	Exception	Definition	What do I need to do?
C1	Billing Confirmation	The claim has not been confirmed for billing.	Complete billing confirmation. See Section 12.6 and 12.7 for instructions.
C2	Duplicate Claim	The claim data already exists in the AuthentiCare system.	As a duplicate, it cannot be submitted for payment. Refer to Section 12.2, claims corrections, for the steps needed to have this claim deleted.
O1	Overlapped Worker	Worker is identified as providing more than one service at the same time.	Services other than shared services should never be overlapped. Exceptions will be added to all the claims that overlap for the same worker. Refer to Section 12.2, claims corrections, for the steps needed to have one claim deleted, and monitor worker for re-education.
O2	Overlapped Client	The recipient is receiving the services from multiple direct service workers at the same time.	There should not be any overlap of claims for the same recipient for any service by multiple direct service workers at the same time. Refer to Section 12.2, claims corrections, for the steps needed to have one claim deleted.

Code	Exception	Definition	What do I need to do?
O3	Overlapped Service	The service is overlapping with certain other services.	There should not be any overlap of a given service with certain other services. For example: • Clients cannot receive PAS from the “a.m./p.m.” delivery method **on the same calendar day** as other PAS service delivery methods. • If the claims for the two different service types exist on the same day, then both claims should have this exception. • If both the “a.m.” and the “p.m.” sessions are provided, there must be at least a four hour break between the two sessions (between a.m. service check-out time and p.m. check-in time). • Multiple sessions of “a.m.” or “p.m.” services cannot be provided for a given client on the same calendar day. Refer to Louisiana DHH policies for service delivery guidelines and to Section12.2 for claims correction guidelines.

A.3.2 INFORMATIONAL (NON-CRITICAL) EXCEPTIONS

Informational Exceptions or non-Critical exceptions do not prevent a claim from being processed, but serves as a notice of some problem associated with the claim creation which may warrant further investigation.

Code	Exception	Definition	What do I need to do?

Code	Exception	Definition	What do I need to do?
E1	Event Matching	The does not match an event scheduled in the system.	No action required. You cannot enter an event for a date in the past.
G1	Unauthorized phone number – No Match – Check in	The claim was filed by checking in from a phone number that does not match the phone number on record for the client.	No action required. You may want to check with the worker to understand why the client's phone was not used. Double check the client's phone number to make sure it is correct.
G2	Unauthorized phone number – No match – Check Out	The claim was filed by checking out from a phone number that does not match the phone number on record for the client.	No action required. You may want to check with the worker to understand why the client's phone was not used. Double check the client's phone number to make sure it is correct.
G3	Unauthorized phone number – Other Match – Check in	The claim was filed by checking in from a phone number that exists in the system, but isn't the phone number on record for the client named in the claim.	No action required. You may want to check with the worker to understand why the client's phone was not used. You may also want to see what other phone number in AuthentiCare this matches (such as another client's home). Double check the client's phone number to make sure it is correct.

Code	Exception	Definition	What do I need to do?
G4	Unauthorized phone number – Other Match – Check out	The claim was filed by checking out from a phone number that exists in the system, but isn't the phone number on record for the client for which the claim is being filed.	No action required. You may want to check with the worker to understand why the client's phone was not used. You may also want to see what other phone number in AuthentiCare this matches (such as another client's home). Double check the client's phone number to make sure it is correct.
L1	Location Mismatch – Check in	The claim was filed by checking in from a mobile device where the check in location did not match the client's location.	No action required. You may want to check with the worker to understand why the client's location was not matched. Update the co-ordinates on client's record if incorrect.
L2	Location Mismatch – Check out	The claim was filed by checking out from a mobile device where the check-out location did not match the client's location.	No action required. You may want to check with the worker to understand why the client's location was not matched. Update the co-ordinates on client's record if incorrect.
Q1	No QR Card Available	The claim was filed by not scanning the QR code scan by indicating that there was no QR card available.	Request for a QR Card if the client does not already have one.
Q2	QR Card scanned by invalid or expired	The claim was filed by scanning the QR code scan but the QR card available is either invalid or expired.	Contact Louisiana DHH personnel.

Code	Exception	Definition	What do I need to do?
Q3	QR Card data does not match the client	The claim was filed by scanning the QR code scan but the data returned does not match the QR card data for the client on the claim.	No action required. You may want to check with the worker to understand why the client's QR card did not match.
A2	Authorization Exhausted on Claim	Indicates the authorization was exhausted (authorized units used up) *while* this claim was being calculated.	There are not enough authorized units to cover the claim. The units are validated against the quantity assigned per service period and also those authorized for the entire span of authorization. If updates to the authorizations with additional units are provided via import, the AuthentiCare system will recalculate and remove this exception. If no more units are available, the provider may edit the claim (change the check in or check out time) to match the authorized units so the claim can be submitted for payment.

APPENDIX A.4 DESCRIPTION OF PROVIDER SUB-ROLES

Each provider has a broad Administrator role but there are relevant sub-roles that can be assigned to staff members with specific functions related to AuthentiCare and their day-to-day responsibilities.

Name	Rights
LA_Administrator	Rights to do all functions for that provider except those functions restricted to First Data (add, edit, delete services; add/edit/delete authorizations and delete providers). Can view the Provider and Worker Dashboards. [**NOTE**: First Data assigns a log in and initial password for the first Administrator for the provider who can then

Name	Rights
	add/manage other users (including other administrators)]
LA_AdminAssistant	Rights to do all function Administrator can do except the ability to add/edit registrations.
LA_Payroll/Billing	Activities associated with billing and using AuthentiCare information for employee payroll. Includes adding, editing, deleting claims as well as confirm billing. This role has primary responsibility for resolving claims with critical exceptions. Can view the Provider and Worker Dashboards.
LA/HumanResources	Activities associated with managing workers – adding, editing, and deleting workers and the Worker by Provider Report.
LA_Payroll/Billing/ HumanResources	Combination of Payroll/ Billing and Human Resources roles which may be more appropriate for smaller providers
LA_Scheduler/Coordinator	Activities necessary to schedule visits for clients. Includes view and search of clients, workers, authorizations and services as these are needed to accomplish the tasks. This role will acknowledge missed visits and run Late and Missed Visit and Provider Activity Reports. This role can also view the Worker Dashboard.
LA_ClaimsMgt 1	Can add, edit and delete claims
LA_ClaimsMgt 2	Can add, edit, delete and confirm claims for submission for payment.
LA_IntakeReferral	Ability to edit client information

APPENDIX A.5 SERVICE PLAY BACK ORDER ON THE IVR

APPENDIX A.5.1 OAAS SERVICES AGENCY-DIRECTED SERVICES

The IVR first plays the list of services authorized for the client followed by the list of provider services within the Client's waiver. The authorized services and provider services are played back in the order given below.

Service Name	Playback Order
PAS	1
Shared Supports 2	2
Shared Supports 3	3
PAS AM	4
PAS PM	5
LTPCS	6
LTPCS 2	7
LTPCS 3	8
ADHC LTPCS	9
ADHC LTPCS 2	10
ADHC LTPCS 3	11

The Provider Services list is built dynamically for an individual Provider each time an authorization is received for a provider with a new service.